



CITY OF WAKEFIELD
EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL
OFFICER

FOR THE YEAR 1932



WAKEFIELD :

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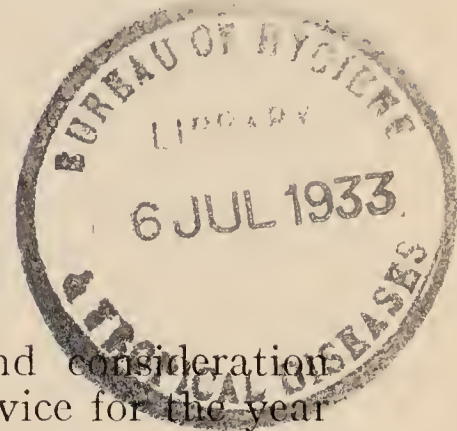
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HEALTH DEPARTMENT,

TOWN HALL, WAKEFIELD,

13th March, 1933.

*To the Chairman and Members of the
Wakefield Education Committee.*



MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit for your information and consideration a Report on the work of the School Medical Service for the year ended 31st December, 1932. As usual, the Report follows the lines laid down by the Board of Education and it presents a survey, largely statistical in character, of the physical, and to some extent of the mental condition of the children attending the schools belonging to the Local Education Authority.

1. The extent of the work is indicated by the fact that the medical examinations amounted to 12,323. The School Dentist examined 8,263 children, and the School Nurses made 10,687 examinations with regard to cleanliness. 10,197 Medical Certificates were issued during the year.

2. The results of the routine inspection of the elementary school children shewed that 80% had carious teeth, 23% defective vision, 16% defects of throat and nose (mostly enlarged tonsils and adenoids), 16% of the girls verminous heads, 9% diseases of the lungs (mostly bronchitis), 8% enlarged glands, 4% external disease of the eye, 3% diseases of the ear, 3% rickets, 1.5% defective nutrition, and less than 1% defective clothing and footgear, defective speech, tuberculosis and heart disease. 13% of the children examined were free from any defect. About 16% of the children examined at routine inspection were referred for treatment other than dental treatment or cleansing. Amongst the secondary school children, 7% were referred for treatment. About 70% of both elementary and secondary school children were referred for dental treatment.

3. Some 80% of the children referred for treatment were reported to have obtained it. This figure is slightly lower than last year. As usual, the poorest response was in connection with enlarged tonsils and adenoids. 1,354 children were treated at the School Clinics.

4. At the Ophthalmic Clinic Dr. Allardice examined 537 new cases, or 47 more than in the previous year, and the attendances were 959, or 196 more than in the previous year. 483 prescriptions for spectacles were issued. The Education Committee supplied 238 pairs of spectacles free or at less than cost price to necessitous cases. Although a good deal of time is devoted to this important branch of the work, it is impossible in the time available, as Dr. Allardice has shewn in his Special Report on a Complete Ophthalmic Scheme, to cover anything like the whole field. The chief drawback from the school point of view is the inability to re-examine the more serious cases at sufficiently frequent intervals. I would also like to endorse Dr. Allardice's plea for more attention to cases of squint, and to utilise the services of the Orthopaedic Clinic Nurse for the special ocular exercises required. The need for special classes for High Myopes still remains. The Report on a Complete Ophthalmic Scheme which Dr. Allardice prepared at my suggestion, covers a wide field, some of which is outside the jurisdiction of the Education Authority, but it clearly demonstrates the advantages which the community would derive from a complete and unified Ophthalmic Service.

5. The School Dentist, Mr. Moxon, inspected the teeth of 8,289 children in the elementary and secondary schools, or practically all the children over 5 years of age. Of these, 5,720 required dental treatment, but only 2,128 (37%) actually attended at the Dental Clinic for treatment, and probably very few obtained treatment otherwise. The percentage treated is disappointingly low, and is indeed lower than that of the previous year (40%). At the same time everything possible is being done by Mr. Moxon, as well as by the Medical Officers, School Nurses and Teachers to persuade parents to obtain the treatment which is so necessary to the health of their children.

6. The valuable work of the Orthopaedic Clinic is set out in the Report of Dr. Eeles, who is in medical charge of this Clinic as well as the Ultra-Violet Ray Clinic, which belongs to the Mental and Child Welfare Committee. The work of the two Clinics is so closely connected that a Report on the latter is also included. Dr. Crockatt continues to visit the Clinic once a month. Miss Burton, the Orthopaedic Nurse, also operates the Ultra-Violet Light apparatus. Arrangements were made during the year for orthopaedic cases from the West Riding County Area to attend for examination by Dr. Crockatt.

7. The scheme for the supply of milk to children in the schools has been continued and extended during the year, and has proved beneficial both to the health and educational progress of the children.

8. During the Health Week held in October, special attention was given to school children. The subject chosen was "Food and Nutrition," and by means of special lessons given in each senior and junior school by the teachers, and short lectures by the Medical Officers, as well as by the distribution of appropriate literature, the importance of the subject was duly emphasised and illustrated. The local Essay Competition was held as usual, and prizes were given by the Social Service Council (which organised the Health Week) for the two best essays in each school and the three best in all the schools. As the local Health Week coincided with Empire Health Week this year, arrangements were made to enable the children of 12 years of age and over to join in the Essay Competition organised by the Empire Health Week Committee. Fourteen Wakefield children sent in essays, and three of these were highly commended and awarded certificates.

9. The principal matters still awaiting realisation are : (1) an Open-Air School, (2) Special School for Mental Defectives, and (3) Classes of High Myopes. I might also again mention the need for a Supervisor of Physical Training and remark that the question of teaching of Mothercraft to the older girls in the schools is worthy of your consideration.

In conclusion, I should like to gratefully acknowledge the valuable assistance of Dr. Allardice, Dr. Eeles, Mr. Moxon, the School Nurses, Teachers, School Inquiry Officers, and Clerical Staff. I also desire to record my grateful appreciation of the most helpful co-operation of the Director of Education (Mr. F. E. Harrison, M.C., M.A.) who has always shown the keenest interest in promoting the efficiency of the School Medical Service.

I am,

Ladies and Gentlemen,

THOMAS GIBSON,

School Medical Officer.

1.—STAFF.

The Staff employed in the School Medical Service during 1932 was as follows :—

THOMAS GIBSON, M.D., C.M. (Edin.), D.P.H. (Lond.),
School Medical Officer.

FRANK ALLARDICE, M.D., Ch.B. (Edin.), D.P.H. (Edin.),
Deputy School Medical Officer and Ophthalmologist.

JESSIE EELES, M.D., Ch.B. (Edin.), Assistant School Medical
Officer, Medical Officer to Orthopaedic and Ultra-Violet
Ray Clinics.

HOWARD L. CROCKATT, M.B., Ch.B. (Leeds), Consulting
Orthopaedic Surgeon.

JOSEPH N. MOXON, L.D.S. (Leeds), School Dentist.

Sarah S. Thorp	}	School Nurses.
Hilda Staniforth		
Hilda Robertshaw		
Maggie Dearden		
Jennett Gardner		
Ethel W. Farrar		

Louie Milner, School Clinic Nurse.

Olive I. Burton, Orthopaedic Nurse.

Olive Hepworth, Assistant to Dentist.

Herbert W. Tate, Clerk.

Beatrice Lake, Clerk (Part time).

2.—CO-ORDINATION.

The School Medical Service is completely co-ordinated with the Public Health Service of the City. The Medical Officer of Health is also the School Medical Officer, and the Deputy Medical Officer of Health is an Assistant School Medical Officer. The Assistant School Medical Officer of Maternity and Child Welfare is also an Assistant School Medical Officer. Each of the six Health Visitors works in a district of the City, where she carries out the duties of a school nurse as well as those connected with Maternity and Child Welfare, Tuberculosis, and Mental Deficiency. This arrangement obviates overlapping and redundancy of home visits, and also enables the school nurse to have a more complete and intimate knowledge of the social circumstances of families living in her district. The co-ordination is also facilitated through the control of a liason Committee—the Health Services Sub-Committee—composed of the Chairman and Deputy Chairman of the General Purposes, the Finance, the Education, the Health

and Child Welfare Committees. The services of the Dentist and his Assistant, the Clinic Nurse, one Clerk (and part-time of another Clerk attached to the Health Department) are whole-time for the School Medical Service. A large amount of the clerical work is also carried out in the Education Department.

2a.—SCHOOL ACCOMMODATION.

There are 23 schools in Wakefield, comprising 41 Departments and 28 separate buildings. Of the 23 schools, 10 are provided and 13 non-provided schools. The following list gives the attendance and average number on roll in the month of July, 1932 :—

Accommodation	..	..	..	10,562
Average number on roll	..	..	..	8,981
Average attendance	..	..	..	7,981

3.—SCHOOL SANITATION.

There is little fresh to report with regard to school sanitation. During the year, a Staff Room was provided at St. Austin's Mixed School and the basement converted into a Dining Room for children remaining for the mid-day meal. At schools where children remain for lunch, proper facilities—tablecloths, cutlery, etc.—have been provided. Electric lighting in schools is still being improved, and only a few remain to be brought up-to-date. Floors have been replaced or repaired at the following schools :—Ings Road, Eastmoor, Cathedral Girls' and Boys' and St. Austin's Staff Room. 12 schools were re-decorated during the year and out Offices were limewashed. Fire extinguishers have been provided for all the schools. In April last, the new building at Thornes House, consisting of Gymnasium, Changing Rooms, Shower Baths, Dining Hall, Kitchen, Woodwork and Metalwork Centres, and Cycle Sheds, was opened.

4.—MEDICAL INSPECTION.

Medical Inspection work may be divided into the Routine or Statutory Inspection, which embraces the examination of entrants, intermediates and leavers, and the Supplementary Inspection of special cases both in the Schools and the School Clinic.

At the Routine Inspection the Schedule of the Board of Education is followed, and the same card is used when specials are examined in schools ; but a different card is used at the Inspection Clinic. Medical Inspection is carried out on school premises except in those centrally placed schools where no suitable facilities exist. The children from the latter schools are inspected at the Inspection Clinic in King Street,

The administrative arrangements commenced in 1929, and fully described in my Report for that year, were continued during 1932. The system includes the certification in quadruplicate of each medical examination, and the filing of one of the certificates with the medical record card, and the use of continuous "follow up" forms, special report forms and final action forms which are similarly filed. As far as possible, the Infant Welfare Record Cards of each entrant are obtained, and are filed with the School Medical Record Cards, and in these cases the School Doctor has a fairly complete and often very useful health history of the child before him when he is making an examination.

5.—FINDINGS OF MEDICAL INSPECTION. ELEMENTARY SCHOOL CHILDREN.

A. Routine Medical Inspection.

NUMBER OF CHILDREN EXAMINED AT ROUTINE INSPECTION DURING 1932.

Age Period				Total	Boys	Girls
ENTRANTS	3—4 years	..	..	97	53	44
	4—5 years	..	..	228	117	111
	5—6 years	..	..	409	207	202
	6—7 years	..	..	123	53	70
	At other ages	..	..	33	18	15
Total Entrants ..				890	448	442
INTERMEDIATES	8—9 years	..	..	991	479	512
LEAVERS	12—13 years	..	..	674	308	366
	13—14 years	..	..	78	35	43
	14—15 years	..	..	3	1	2
Total Leavers ..				755	344	411
Total examined ..				2636	1271	1365

As compared with 1931, there were 217 more children examined (Entrants 10 less, Intermediates 19 more, and Leavers 208 more). Children failing to attend when first called up were recalled later, and eventually 39 failed to attend, 31 on account of illness, 3 because of absence from home, and 5 because the parents refused to allow a medical examination.

HEIGHT AND WEIGHT.

All children were, as usual, weighed and measured. The following Tables give the average height and weight in each age group :—

HEIGHTS OF WAKEFIELD SCHOOL CHILDREN, 1932.

Age Group Years	Boys			GIRLS		
	Average Height			Average Height		
	English System Ft. Ins.	Metric System Cent.		English System Ft. Ins.	Metric System Cent.	
3—4	3 1 $\frac{1}{4}$	94.5		3 0 $\frac{1}{2}$	93.3	
4—5	3 3 $\frac{1}{2}$	100.3		3 3	99.1	
5—6	3 4 $\frac{3}{4}$	103.5		3 5 $\frac{1}{4}$	106.3	
6—7	3 6 $\frac{3}{4}$	108.7		3 6 $\frac{1}{2}$	110.5	
8—9	4 0 $\frac{3}{4}$	123.9		3 11 $\frac{1}{4}$	120.0	
9—10	4 1	124.5		3 11 $\frac{3}{4}$	121.25	
12—13	4 6 $\frac{1}{4}$	138.0		4 6	137.3	
13—14	4 7	139.9		4 8 $\frac{3}{4}$	144.3	

WEIGHTS OF WAKEFIELD SCHOOL CHILDREN, 1932.

Age Group Years	Boys			GIRLS		
	Average Weight			Average Weight		
	English System Lbs. Ozs.	Metric System Kilos.		English System Lbs. Ozs.	Metric System Kilos.	
3—4	33 1	15.0		32 11	14.8	
4—5	34 14	15.75		35 5	16.0	
5—6	38 12	17.6		38 6	17.45	
6—7	43 7	18.75		42 5	18.2	
8—9	52 8	23.8		52 2	23.65	
9—10	54 10	24.8		54 5	24.7	
12—13	74 7	33.8		75 6	34.25	
13—14	78 12	35.75		79 7	36.1	

On the whole, both heights and weights are very much the same as last year, and are substantially better than they were 20 years ago.

CONDITION OF CLOTHING AND FOOTGEAR.

Clothing.

The following Table gives the number and percentage of children found with unsatisfactory clothing (poor and bad) :—

Group	Total Unsatisfactory Clothing		Poor Clothing		Bad Clothing	
	Number	Percentage	Number	Percentage	Number	Percentage
Entrants ..	3	0.33	3	0.33	—	—
Intermediates..	2	0.20	2	0.20	—	—
Leavers ..	3	0.39	3	0.39	—	—
Total ..	8	0.30	8	0.30	—	—

Footgear.

The following Table gives the number and percentage of children found with unsatisfactory footgear (poor and bad) :—

Group	Total Unsatisfactory Footgear		Poor Footgear		Bad Footgear	
	Number	Percentage	Number	Percentage	Number	Percentage
Entrants ..	2	0.22	2	0.22	—	—
Intermediates..	6	0.60	4	0.40	2	0.20
Leavers ..	8	1.05	7	0.92	1	0.13
Total ...	16	0.60	13	0.49	3	0.11

Although the number of children found with defective clothing was very small, it was rather higher than the number found last year. The 1932 percentage was 0.91, and the 1931 percentage was 0.73. Even at the inspection of all the children in the Schools by the School Nurses, when no previous notice was given to the parents, only 111 children (1.3 per cent.) were found with defective clothing and defective footgear. The corresponding percentage in 1931 was 1.2.

NUTRITION.

ALL CHILDREN		ENTRANTS						INTERMEDIATES						LEAVERS	
		BOYS		GIRLS		BOYS		GIRLS		BOYS		GIRLS		BOYS	
		Number	Percent-age	Number	Percent-age	Number	Percent-age	Number	Percent-age	Number	Percent-age	Number	Percent-age	Number	Percent-age
Normal Nutrition	2595	444	99.1	434	98.1	473	98.5	499	97.4	341	99.1	404	98.2		
Poor Nutrition	37	3	0.66	8	1.8	6	1.2	12	2.3	3	0.87	5	1.2		
Bad Nutrition	4	1	0.22	—	—	—	—	1	0.19	—	—	2	0.48		
Total Defective Nutrition	41	4	0.88	8	1.8	6	1.2	13	2.5	3	0.87	7	1.7		

The progressive improvement in the nutrition of the children which has been noted during the last few years, continued during 1932, and the figures may be accepted with some assurance because they have been given by the same medical examiners during the past 5 years. The percentage of defective nutrition was 9.4 in 1928, 7.8 in 1929, 4.5 in 1930, 2.2 in 1931, and 1.5 in 1932. In face of the continued unemployment and short time of so many workers it is very surprising to find that instead of the nutritional condition of the children becoming worse, as one would expect, it has actually, according to the available data, improved. The figures given mean that there are not more than 150 ill-nourished children in the Wakefield elementary schools, but it would be fallacious to conclude that these 150 children were all insufficiently or improperly fed. As was pointed out in my last Annual Report, it is very difficult to correlate malnutrition, as judged by standard tests, with insufficient feeding, just as it is not always safe to deduce that a child is well fed because he looks well nourished. It is almost certain that the malnutrition in a proportion of these 150 children is due to causes other than feeding. On the other hand, we know for a fact that there are a large number of families in the City where adequate or proper feeding is not being carried out, and indeed, having regard to the income, it would seem almost impossible to do so. The Health Visitors who through their daily visits to the homes of the people have unusual opportunities of learning the true state of affairs, are all agreed that there is much more poverty in the City than there was twelve months ago, and that the standard of feeding has depreciated. There are numerous families, mostly of the unemployed, where the children are fed for the most part on bread with gravy, dripping or margarine, and on potatoes, but seldom get meat, milk, butter, fresh vegetables or fruit. The stock diet of these families, almost wholly farinaceous, may not lead to obvious malnutrition in the ordinary sense, but it is bound to affect their stamina and resistance to disease. I have noticed lately at the School Clinic an unusual number of cases of eye affections, such as blepharitis and phlyctenular conjunctivitis, and I am inclined to think that improper feeding may be, at least, one of the causes. It is indeed difficult to see how children can be fed properly on the income of some of these families. A recent inquiry, based on the applications for dried milk under the Maternity and Child Welfare Scheme, shewed that there were 160 families, many of them including school children, where the income per head per week, after deducting the rent, was less than 6/-, and in some cases less than 5/- or even 4/-. Out of this allowance have to come food, clothing, fuel, lighting, and all the general household expenses. Some mothers are better managers than others, but it is difficult to see how the most efficient mother could adequately feed her

children out of the low sums allowed, even if she had nothing else to spend the money on. Recently a Committee reported to the Ministry of Health on the Diets in Poor Law Children Homes, and it is estimated that an adequate diet could be provided for the children at a weekly cost of $4/6\frac{1}{2}$ per head, provided that the home contained not less than 200 children, and that all provisions were obtained at contract prices. Of course, both of these conditions, which the ordinary housewife has not the advantage of, would substantially reduce the cost of food to the institution. In a recent report on "The Economic Depression and Public Health," made by the Health Organisation of the League of Nations, it is stated that "seven shillings per week per consumption unit appears to be a reasonable estimate of the minimum sum with which it is possible to purchase an adequate, well balanced, and physiologically sound diet." The following tables and comments are also given in the same Report :—

Table XI.—Theoretical Minimum Weekly Expenditure per Consumption Unit in a Working-Class Family (Great Britain).

	Food	Rent	Cloth- ing	Fuel	Other Items	Total
Distribution of weekly expenditure of working-class families, 1932	53%	17%	16%	9%	5%	100%
Weekly budget based on 7/- on food	7/-	2/2	2/0 $\frac{1}{2}$	1/3	7 $\frac{1}{2}$ d.	13/1

Table XII.—Weekly Income Per Consumption Unit of Unemployed Families in Great Britain (1932).

TYPE OF FAMILY	Arbitrary number of Consumption Units (‘man value’)	Unemploy- ment Allowance *	Additional Income	Total Income	Income per Consumption Unit
Single man	1	15/3	—	15/3	15/3
Man with one adult dependant	1.80	23/3	—	22/3 3	12/11
Man with two depend- ants (adult and child under 14)	2.50	25/3	2/-†	27/3	10/9
Man with three depend- ants (adult and two children under 14) ..	3.10	37/3 2	4/-†	31/3	10/10
Man with four depend- ants (adult and three children under 14) ..	3.70	29/3	6/-†	35/3	9/7

* Payable for 156 days subsequent to unemployment. after payment for 156 days in a year, these rates are subject to a needs test.

† Two shillings per week per child is added to the available income to allow for free school meals, which are almost invariably supplied to school children from families below a certain level of income.

“At the present level of unemployment allowances, an expenditure of 7/- per week per consumption unit amounts to 60 to 75 per cent. of the total income. (The unemployed families in Cardiff and Reading spent, respectively, 77 and 55 per cent. of their income on food). It is important to note that the total income more than covers “necessary” food expenditure, *i.e.*, it exceeds 7/- per week per consumption unit, so that it is at least possible for unemployed families, by dedicating a large proportion of their income to food, to secure an adequate diet. The margin of safety is, of course, very small. It may be that careful and thrifty families, by spending a large percentage of their income on food, and by stinting themselves for the time being of new clothes, boots, etc., can feed themselves satisfactorily. Careless and ill-managed families, and city families weighed down with a heavy commitment for rent, probably suffer from food shortage. Housewives who understand how to lay out wisely small weekly sums on food may be the exception rather than the rule.”

Bearing in mind that at the end of the year there were 3,705 persons wholly unemployed with the partially unemployed over and above this number, within a radius of $3\frac{1}{2}$ miles from the Town Hall, it is impossible to resist the logic of the figures given by the Health Organisation, and one is bound to recognise that there must be a considerable amount of insufficient feeding in the Community, and that a good many school children must be affected thereby. The extent of this insufficiency is not however to be gauged by the number of malnourished children in the schools, but by the degree of poverty or necessity existing in the families from whom the school children are drawn.

CLEANLINESS.

A. Cleanliness of the Head.

The heads of the children were examined for the presence of pediculi (lice) and for the ova of pediculi (nits) and the following Tables give the percentage with either or both :—

PERCENTAGE OF CHILDREN FOUND WITH DIRTY HEADS IN 1931 AND 1932.

Group	Boys		Girls	
	1932	1931	1932	1931
Entrants	2.2	2.5	11.08	13.2
Intermediates	2.09	1.5	20.9	20.04
Leavers	—	2.5	15.3	20.1
Total ..	1.4	2.1	16.04	17.4

These figures represent in actual numbers 238 children (19 boys and 219 girls).

PERCENTAGE OF GIRLS WITH LIVING VERMIN IN THEIR HEADS IN 1931 AND 1932.

Group.	1932.	1931.
Entrants	0.22	0.21
Intermediates	0.39	0.71
Leavers	—	—
Total ..	0.21	0.33

In actual numbers only 3 girls and no boys had lice in their heads at the time of inspection.

B. Cleanliness of the Skin.

The following Table shews the condition of the body as regards cleanliness :—

DIRTY.

Group	Boys		Girls	
	Number	Percentage	Number	Percentage
Entrants ..	2	0.46	—	—
Intermediates ..	3	0.62	1	0.19
Leavers ..	5	1.4	3	0.72

There were 14 children (10 boys and 4 girls) 0.53 per cent. with dirty bodies as compared with 0.64 per cent. in 1931.

No children were found with verminous clothing.

The above figures indicate some improvement in cleanliness, although the findings of the school nurses from an examination of all the children are practically the same as last year. The nurses found that 5.5 per cent. of all the children had verminous heads as compared with 5.4 per cent. last year. 10 per cent. of the girls had verminous heads in both of these years, but only about a half per cent. had living vermin present. Whilst there has been an extraordinary improvement in the state of cleanliness since medical inspection was instituted, it is rather disappointing to find that we have apparently reached the limit. At the same time the trouble is mainly confined to certain families, whose children are excluded from school time after time and year after year. The mothers are admonished time after time, and they are repeatedly shewn what to do to keep their children's heads clean and are often lent metal nit combs to help them to do so. Yet they continue in the same old way. During the year, a parent was summoned and fined and only a few months later his children had to be excluded again. In these families, dirty heads are a sort of tradition. I can remember some of the parents themselves having been excluded for verminous heads in their own school days. I suppose that it will only be when the tradition dies out that we can hope for better things. The incidence of dirty heads varies considerably amongst the schools,

The girls in one infant department had as high a percentage as 37, and in two others as high as 30 and 25. Only two departments containing girls had a perfectly clean record at the time of the head to head inspection, and these were the Thornes Lane and Gaskells Infant Departments. For that matter only one department containing boys only had a perfectly clean record, and that was Trinity Boys' School.

RESULTS OF ROUTINE INSPECTION BY SCHOOL NURSES OF CHILDREN IN SCHOOLS AS REGARDS CLEANLINESS, ETC.

Total number examined	..	..	..	8,201	(3,992 boys and 4,209 girls).
Number with Dirty Heads (Nits only, and Nits and Vermin)	..	..	..	467	(5.5 per cent.)
Number of Boys with Dirty Heads	..	..	..	42	(1.05 „)
Number of Girls with Dirty Heads	..	..	..	425	(10.09 „)
Number with Nits only	..	..	..	436	(5.3 „)
Number of Boys with Nits only	..	..	..	27	(0.67 „)
Number of Girls with Nits only	..	..	..	409	(9.7 „)
Number with Vermin in Head	..	..	..	31	(0.37 „)
Number of Boys with Vermin in Head	..	..	..	5	(0.12 „)
Number of Girls with Vermin in Head	..	..	..	26	(0.61 „)
Number with Verminous Clothing	..	..	..	6	(0.07 „)
Number with Dirty Clothing	..	..	..	21	(0.25 „)
Number with Dirty Bodies	..	..	..	24	(0.29 „)
Number with Dilapidated Clothing or Boots	..	..	..	111	(1.3 „)
Number wearing Clogs	..	..	..	4	(0.04 „)

CONDITION OF THE TEETH.

	Total	Boys	Girls	Per- centages
Number of Entrants with Sound Sets	188	83	105	21.1
Number of Intermediates with Sound Sets	176	89	87	17.1
Number of Leavers with Sound Sets	165	77	88	23.1
Total with Sound Sets	529	249	280	20.07
Number of Entrants with Poor Teeth	299	153	146	33.5
Number of Intermediates with Poor Teeth	472	219	253	47.5
Number of Leavers with Poor Teeth	339	155	184	44.9
Total with Poor Teeth	1110	527	583	41.5

CONDITION OF TEETH—continued.

	Total	Boys	Girls	Per- centages
Number of Entrants with Bad Teeth ..	137	70	67	15.3
Number of Intermediates with Bad Teeth	232	101	131	22.3
Number of Leavers with Bad Teeth ..	164	65	99	21.7
Total with Bad Teeth	533	236	297	20.2
Number of Entrants with Dirty Teeth ..	262	149	113	29.4
Number of Intermediates with Dirty Teeth	321	167	154	32.2
Number of Leavers with Dirty Teeth ..	346	165	181	45.8
Total with Dirty Teeth	929	481	448	35.2

There has again been an improvement, although only a very slight one, in the state of the teeth, and it is worth noting that there were no signs of any improvement at all, but actually the reverse, until dental inspection and treatment were instituted. Of course, the fact that even now only some 20 per cent. of the children appear to have sound sets of teeth is bad enough, and calls for the serious consideration of all concerned with child welfare.

CONDITION OF THE THROAT AND NOSE.

The following morbid affections of the Throat and Nose were found :—

Defect	Total	Entrants	Inter- mediates	Leavers
Total Enlarged Tonsils	310	112	122	76
(a) Tonsils slightly enlarged ..	298	104	119	75
(b) Tonsils markedly enlarged ..	12	8	3	1
Total Enlarged Tonsils and Ade- noids	53	18	27	8
(a) Slight	39	16	18	5
(b) Marked	14	2	9	3
Total with Adenoids only ..	19	5	12	2
(a) Slight	17	5	10	2
(b) Marked	2	—	2	—
Other Throat and Nose Defects	19	5	9	5
Total ..	401	140	170	91

Of the above total 189 were boys and 212 girls. The total percentage with throat and nose defects was 15.2 per cent. as compared with 21.3 per cent. in 1931 and 15.6 per cent. in 1930. The percentage amongst entrants was 15.7, amongst intermediates 17.05, and amongst leavers 12.05. The percentage with marked defects and definitely in need of surgical treatment was 1.06, as compared with 0.90 per cent. in 1931 and 1.1 per cent. in 1930. These are all cases in which the tonsils are definitely diseased, or in which there is definite obstruction from enlarged tonsils or adenoids, and all cases where unquestionably surgical treatment is the only effective remedy. The number of these cases has only amounted to about 1 per cent. during the last three years, which is an improvement on the rate of preceding years. There has been a good deal of discussion lately about the extent to which enlarged tonsils and adenoids should be operated on, and considerable criticism of what one might call indiscriminate operating. I have always held the view that the mere enlargement of a tonsil was not enough to justify operation, so long as the tonsil was not manifestly diseased and a focus of septic infection, or by mechanical obstruction was causing or threatening to cause deafness or other ear affection, and making the child into a mouth breather. On the other hand adenoids, when definitely present, should always be operated on, although special breathing exercises might be tried for a time on the more doubtful cases. The cases therefore which are recommended for surgical treatment in Wakefield are children who urgently need it, and who would not benefit by any other form of treatment.

ENLARGED GLANDS.

203 children (7.7 per cent.) had enlarged submaxillary or cervical glands (6.6 per cent. of the entrants, 7.5 per cent. of the intermediates, and 9.1 per cent. of the leavers). The corresponding total percentage in 1931 was 9.9 per cent. The enlarged glands were in most instances the result of irritation from various foci, *e.g.*, septic teeth, dermatitis of the scalp, verminous heads, enlarged tonsils and adenoids. None was tuberculous. Of the 203 children with enlarged glands, 113 were boys and 90 girls.

EXTERNAL EYE DISEASES.

106 children (4.02 per cent.) had external eye disease as compared with 4.3 per cent. in 1931. 15 had Blepharitis, 7 Conjunctivitis, 66 had Strabismus or Squint, and 18 had other external eye defects. The percentage of Strabismus was 4.3 amongst the entrants, 2.01 amongst the intermediates, and 0.92 amongst the leavers.

VISION.

As usual the vision of the intermediates and the leavers was tested by means of Snellen's Type. In the cases of the infants, if there was any suspicion of defective vision or squint, they were noted for future examination. The following Table gives the percentage of children suffering from defective vision. Poor vision included 6/12 in both eyes, or 6/12 in one eye and 6/18 in the other, and bad vision anything over 6/12 in both eyes :—

Total with defective vision..	401 (187 boys and 214 girls)
	22.9(per cent.)
Number with poor vision ..	222 (98 boys and 124 girls)
	(12.7 per cent.)
Number with bad vision ..	179 (79 boys and 100 girls)
	(10.2 per cent.)

157 children (63 boys and 94 girls) were wearing glasses, and in 98 instances the glasses were satisfactory and in 59 instances unsatisfactory. The total percentage with defective vision fell from 28 per cent. in 1931 to 23 per cent., and the percentage with bad vision from 12 per cent. to 10 per cent.

EAR DISEASES AND HEARING.

91 children (3.4 per cent.) as compared with 4.2 per cent. in 1931, had defects or diseases of the ear, 34 being cases of otorrhoea or running ears, and 57 cases of obstruction of external meatus, by wax in most cases.

75 children (2.8 per cent. as compared with 2.8 per cent. in 1931) had defective hearing, but in no cases was the defect really severe.

SPEECH.

18 children (0.68 per cent.) had speech defects, 2 being stammerers (both boys) and 16 with other defective articulation (3 entrants, 12 intermediates, and 3 leavers).

LUNGS.

234 children (8.8 per cent.) were affected with lung disease as compared with 9.7 per cent. in 1931.

176 children (6.6 per cent.) were affected with bronchitis. No cases of definite pulmonary tuberculosis were found. 1 case of suspected pulmonary tuberculosis was noted.

NON-PULMONARY TUBERCULOSIS.

There was one case of non-pulmonary tuberculosis, hip disease, a boy leaver, 0.03 per cent. as compared with 0.21 per cent. in 1931.

MENTAL DEFICIENCY.

Amongst the entrants 18 children (10 boys and 8 girls), 2.02 per cent. were noted as dull and backward, and 1 girl as mentally defective.

Amongst the intermediates 65 children (26 boys and 29 girls), 6.5 per cent. were noted as dull and backward, and 4 children (3 boys and 1 girl) as mentally defective.

Amongst the leavers 22 children (9 boys and 13 girls), 2.9 per cent. were noted as dull and backward, and 5 children (3 boys and 2 girls) as mentally defective.

The total percentage of dull and backward was 3.9, and of mental defectives 0.37, as compared with 3.5 and 0.30 respectively in 1931.

DISEASES OF THE NERVOUS SYSTEM.

3 cases of Epilepsy and 18 cases with other affections of the nervous system were noted.

HEART DISEASE.

7 children (5 boys and 2 girls), 0.25 per cent. were affected with abnormal hearts, all organic, 5 being intermediates and 2 leavers.

21 children (0.79 per cent., 9 boys and 11 girls), 4 entrants, 7 intermediates and 10 leavers, were reported as anaemic, as compared with 0.73 per cent. in 1931.

RICKETS AND OTHER DEFORMITIES.

90 children (3.4 per cent.) were affected with rickets and other deformities. Of these 70 (2.6 per cent.) were affected with rickets, but the signs were only slight in 56 cases, moderately marked in 12 cases, and marked in 2 cases.

Other deformities noted included 7 cases of Spinal Curvature, 2 cases of Wryneck, 2 cases of Flatfeet, 2 cases of Infantile Paralysis, 1 case Ankylosis of Knee, and 1 case of Talipes.

CONTAGIOUS AND INFECTIOUS DISEASES.

There were 21 children (9 boys and 12 girls) found with contagious disease, namely Impetigo.

The other skin diseases included Dermatitis 9 cases, Warts 4 cases, Seborrhoea 4 cases, Urticaria 2 cases, Alopecia 1 case, Ichthyosis 1 case.

Two cases of Whooping Cough were found.

VACCINATION.

				Entrants	Inter- mediates	Leavers
				Percentage	Percentage	Percentage
Unvaccinated	..	..		48	43	44
One Scar	..	..	..	5	5	6
Two Scars	..	..	..	10	11	9
Three Scars	..	..	..	5	3	7
Four Scars	..	..	..	32	38	34

OTHER DISEASES OR DEFECTS.

These included Constipation 4 cases, Enuresis 4 cases, Hernia 4 cases, Worms 2 cases, Boils 1 case, Jaundice 1 case, Vomiting 1 case, Warts 1 case, Congenital Syphilis 1 case, and Somnambulism 1 case.

GENERAL SUMMARY.

Number of Children without defect	..	348	(13.2 per cent.)
Number of Children with one defect	..	729	(27.06 ,,)
Number of Children with two defects	..	772	(29.2 ,,)
Number of Children with three defects	..	529	(15.1 ,,)
Number of Children with more than three defects	.. .. ..	258	(9.7 ,,)
Number of Children referred for treatment (including Cleanliness, but not dental defects)	.. .. ..	772	(29.9 ,,)
Number of Children referred for observation	.. .. ..	1516	(57.5 ,,)

B.—SUPPLEMENTARY INSPECTION.

This includes children examined at the Inspection Clinic and in the Schools, apart from the Routine Inspection. During the year 5,440 new cases were examined in this way, and the re-examinations amounted to 3,604, a total of 9,044 examinations.

6.—INFECTIOUS DISEASES.

During the year 125 cases of Measles, 166 cases of Whooping Cough, 259 cases of Chickenpox, 26 cases of Mumps, 295 cases of Diphtheria, and 245 cases of Scarlet Fever were reported from the Schools. There were also 20 cases of Ringworm and 43 cases of Scabies reported. The epidemics of Diphtheria and Scarlet Fever were severe and continued throughout the year.

Diphtheria.

Out of 420 cases notified, 295 (70%) were school children. The number of school cases reported monthly was as follows :—

January 30	July 35
February 23	August 17
March.. .. 21	September 15
April 16	October 27
May 23	November 21
June 37	December 30

The schools were affected in varying degrees. No cases occurred amongst the children attending two schools, namely Thornes Lane and Gaskell's Infant Departments.

The other schools were affected as follows :—

1 case .. 2 schools	10 cases .. 2 schools
2 cases .. 3 „	11 „ .. 1 „
3 „ .. 4 „	12 „ .. 1 „
4 „ .. 3 „	14 „ .. 1 „
5 „ .. 6 „	16 „ .. 1 „
6 „ .. 2 „	17 „ .. 1 „
7 „ .. 1 „	19 „ .. 1 „
8 „ .. 1 „	20 „ .. 1 „
9 „ .. 5 „	32 „ .. 1 „

Sandal Council Junior School had 32 cases and 21 of these occurred during the last quarter of the year. The Infant Department of the same school had 19 cases during the year, and 13 of these occurred in the last quarter. It was in connection with these two departments that the features of a school epidemic were most pronounced, and both departments were closed from 28th October to 7th November, including two days of the mid-

term holiday, and during this period the whole school was disinfected. St. Austin's Mixed School had 20 cases and St. Austin's Infant School had 12 cases, but in both departments the cases were spread over the year, and the same remark applies to the other schools.

Scarlet Fever.

Out of the 385 cases notified, 245 (64%) were school children. The number of cases reported each month was as follows :—

January	..	..	25	July	..	..	17
February	..	..	22	August	..	..	17
March..	..	..	21	September	..	..	13
April ..	..	..	19	October	..	..	21
May ..	..	..	29	November	..	..	15
June ..	..	..	28	December	..	..	18

Three schools had no cases, namely St. Michael's Boys', St. Andrew's Mixed, and Alverthorpe (C of E) Junior.

The cases were distributed as follows :—

1 case	..	2 schools	9 cases	..	2 schools
2 cases	..	4 „	10 „	..	2 „
3 „	..	2 „	11 „	..	2 „
4 „	..	8 „	12 „	..	1 „
6 „	..	2 „	14 „	..	1 „
7 „	..	6 „	17 „	..	1 „
8 „	..	2 „	24 „	..	1 „

Snapethorpe Junior School had the highest number of cases, namely 24, but these were distributed over the year, although 6 cases occurred in May. No other school had more than 5 cases in one month.

7.—FOLLOWING UP.

The following up of children found to be defective or in need of attention either at Routine or Supplementary Inspection, is carried out by the School Nurses, and a summary of the results will be found in Table IV. (Group I.) at the end of the Report.

The particulars of children found defective by a Medical Officer or by the School Nurses themselves, are entered on a "following up" sheet, and the Health Visitors, after seeing the child again at school or home note the result of advice given, and return the sheet back to the Medical Officer. In the event of the result not being satisfactory, further action may be taken. The results of following up are given under Section 8 of this Report,

The following is a statistical summary of the work done by the six School Nurses during 1932, in connection with the School Medical Service :—

Number of Visits to Schools (Routine)	141
Number of Special Visits to Schools	432
Number of Examinations in Schools <i>re</i> Cleanliness, Condition of Clothing and Treatment	11,274
Number of Home Visits, <i>re</i> Treatment	2,356
Number of Home Visits, <i>re</i> Measles, Whooping Cough and Non-Notifiable Diseases	843
Number of Home Visits, <i>re</i> Verminous and Neglected Children	76
Number of Home Visits for other purposes (including Supervision of Mental Defectives)	790

8.—MEDICAL TREATMENT.

When a child is found to be in need of treatment, the parents are informed accordingly. If one of the parents or relatives is present at the time of inspection, appropriate advice is then given ; but in all cases the procedure of sending a printed notice, as described in my Report for 1923, is carried out. This form gives the scale of charges for treatment at the School Clinic, the payment of these charges being on a voluntary basis. The parent is asked to return the form, stating thereon whether he desires the child to be treated at the Clinic or otherwise. The system appears to work satisfactorily. Most forms are returned, but, if not, the Director of Education causes further inquiry to be made. The cases are also followed up by the School Nurses.

Altogether 4,878 children were reported for treatment during 1932, and it was found by the following up of the School Nurses that 3,897 (79.8 per cent.) received treatment. The corresponding percentage in 1931 was 81.06.

With regard to Minor Ailments, 1,280 children were referred for treatment and 1,150 (89.8 per cent.) received treatment, 1,007 at the School Clinic and 143 otherwise. The percentage treated in 1931 was 86.4.

The great bulk of the cases of Ringworm were treated at the School Clinic on the system previously described.

Of Scabies or Itch we had 43 cases, all of which were treated at the School Clinic.

Of Impetigo we had 384 cases and 338 were treated at the School Clinic,

With regard to Otorrhoea or Discharging Ears, 152 cases were discovered and 142 were treated at the School Clinic.

Of Ophthalmia and Blepharitis (external inflammation of the eye) we had 193 cases, and of these 175 were treated at the School Clinic.

Defective Vision.

620 children were referred for treatment, and of these 554 (89.3 per cent.) were submitted for refraction testing, 537 at the Ophthalmic Clinic and 17 otherwise.

35 children failed to attend for refraction testing. At the end of the year 113 children remained on the waiting list of the Ophthalmic Clinic.

Spectacles were prescribed in respect of 483 children, and at the end of the year 421 (87.1 per cent.) had obtained spectacles and 72 had not.

In 233 necessitous cases spectacles were supplied free by the Education Committee, and in 5 cases at half cost.

Diseases of the Throat and Nose.

208 children suffering from diseases of the throat, chiefly enlarged tonsils and adenoids, were referred for treatment, 99 received operative treatment (47.6 per cent.) and 79 received medical treatment (32.6 per cent.). In practically all the cases the operative treatment was done at the Clayton Hospital in the ordinary way, and not by arrangements with the Education Authority.

Breathing Exercises after Removal of Tonsils and Adenoids.

After operations for the removal of tonsils and adenoids, it is desirable to carry out systematic breathing exercises, with the view of re-establishing normal nose breathing. Without such exercises many children continue after the operation the mischievous habit of mouth breathing, which they had acquired in consequence of the obstruction to the normal air way, and to this extent the full benefit of the operation is not obtained: Accordingly I made an arrangement whereby the General Superintendent of the Clayton Hospital very kindly informed me of all Wakefield children who had been operated on for enlarged tonsils and adenoids. He reported 99 cases, and the Health Visitors called on the parents to advise a course of breathing exercises at the Orthopaedic Clinic. The results were most disappointing. The parents of 83 children promised to send them to the Clinic, but only 9 turned up, and of these only 3 attended for a full course from which they markedly benefitted.

Tuberculosis.

In addition to treatment by private practitioners, the facilities for examination and treatment at the Tuberculosis Dispensary and Sanatorium are extended to children of school age. During 1932, there were 42 school children referred to the Dispensary for examination, 29 by the School Medical Officer, 12 by other medical practitioners, and 1 otherwise. No cases of pulmonary disease were diagnosed, but 4 were found suffering from non-pulmonary tuberculosis (cervical glands 1, mesenteric glands 1, spine 1, and sacro-iliac joint 1).

At the end of the year 43 tuberculous children (4 pulmonary and 39 non-pulmonary) remained on the notification register, but the majority of these were more or less quiescent.

With regard to non-pulmonary tuberculosis treatment is provided at the Clayton Hospital, Tuberculosis Dispensary, Orthopaedic and Ultra-Violet Ray Clinics, whilst suitable cases are sent to residential hospital schools by the Health Committee. During 1932, 4 school children suffering from non-pulmonary tuberculosis (2 of Hip, 1 of Elbow and 1 of Sacro-Iliac Joint) were admitted to the Kirbymoorside Orthopaedic Hospital. During the year 3 tuberculous school children were discharged from Orthopaedic Hospitals, 2 from Kirbymoorside and 1 from Heatherwood Hospital, Ascot. The particulars on discharge are as follows :—

1. Female, 10 years, Hip Disease. Period of stay, 2 years 33 weeks. Condition quiescent. Able to walk without support.
2. Female, 10 years, Disease of Elbow. Period of stay, 51 weeks. Not quiescent, and was re-admitted later in the year.
3. Male, 12 years, Disease of Knee. Period of stay, 54 weeks. Condition quiescent, and able to walk wearing caliper splint. Good ankylosis of joint after resection.

Crippling other than from Tuberculosis.

Provision is made for the examination and treatment of cases of crippling at the Orthopaedic Clinic and at the Clayton Hospital, whilst cases requiring treatment in a special institution are admitted to the Kirbymoorside Orthopaedic Hospital.

During the year the following 7 cases were admitted :—

- | | |
|---------------------------------|--------------------------------|
| 1. Female, Spastic Paraplegia. | 5. Female, Synovitis Right |
| 2. Male, Clubfeet. | Knee Joint. |
| 3. Female, Infantile Paralysis. | 6. Female, Old Fracture of Leg |
| 4. Female, Erb's Paralysis. | with Deformity of |
| | Foot. |
| 7. Female, Clubfoot. | |

The following 9 cases were discharged during the year :—

1. Female. Old fracture of leg, with deformity of foot. Period of stay, 6 weeks 3 days. Condition much improved. Will be able to walk comfortably in ordinary boots. although some shortening of the limb will remain.
2. Female. Erb's Paralysis. Period of stay, 11 weeks 4 days. Condition much improved.
3. Female. Synovitis of Right Knee Joint. Period of stay, 10 weeks. Much improved, but relapsed and had to be re-admitted in January, 1933, for operative treatment.
4. Female. Infantile Paralysis. Period of stay, 6 weeks. Much improved, but will have to wear spinal support permanently.
5. Male. Clubfeet. Period of stay, 9 weeks 2 days. Much improved, and walking with ordinary boots.
6. Female. Spastic Paraplegia. Period of stay, 11 weeks 1 day. Much improved and will now be able to walk.
7. Male. Clubfeet. Period of stay, 33 days. Much improved and walking with ordinary boots.
8. Female. Congenital Fat Foot. Period of stay, 37 weeks 4 days. Much improved. Left City.

CENTRAL SCHOOL CLINIC (ORDINARY).

The following Table gives the number of Minor Ailments treated at the School Clinic during 1932 :—

Disease	Number of Children treated			Number of attendances at Clinic
	Total	Boys	Girls	
Ringworm of Scalp	14	11	3	} 1285
Ringworm of Skin	12	7	5	
Ophthalmia and other External Eye Diseases	175	71	104	3443
Otorrhoea and other Ear Diseases	142	67	75	3018
Impetigo	337	189	148	4307
Scabies	43	20	23	421
Other Diseases	308	170	138	4763
Total	1031	535	496	17237

The number of cases treated at the Clinic was 1,031, as compared with 1,035 in 1931, and 17,237 attendances were made, as compared with 17,839 in 1931.

The average daily attendance of children for treatment at the Clinic was 58. Although the attendances were a little reduced, due to the opening of the Clinic at Snapethorpe School, the School Nurse (Miss Milner) was kept very busy attending to the needs of the children.

SCHOOL CLINIC AT SNAPETHORPE SCHOOL.

This Clinic, which was opened in November, 1931, was continued during the year. Miss Dearden, the School Nurse of the district, attended on 197 mornings, and treated 323 children, with 2,413 attendances. The average attendance each morning was 12, and the conditions treated were mostly impetigo and external eye diseases. Cases requiring medical examination were referred to the doctor at the Central Clinic.

TREATMENT OF OTORRHOEA BY IONISATION.

For many years children suffering from chronic otorrhoea or discharging ears have bulked very largely at the School Clinic, and in a large proportion of the cases, the treatment was only palliative. In view of the excellent results of treatment by ionisation reported from other clinics, it was decided to commence this form of treatment in Wakefield towards the end of 1931, and it was continued throughout 1932. For the greater part of the year the work was carried out at a special weekly session held at the Principal Child Welfare Centre, but when the number of cases requiring treatment diminished it was carried out at the School Clinic during the ordinary sessions. Up to the end of 1932, 64 cases were treated, 56 being single ear cases and 8 double ear cases. Of the single ear cases, 28 cases (50%) ceased discharging after one treatment, and 28 continued to discharge. Of the double cases the discharge from both ears stopped after one treatment in 5 cases, and in one ear in one case, and in neither ear in 2 cases. In the cases where the discharge continued, further treatments were given, *e.g.*, 13 had 2 treatments, 9 had 3 treatments, 9 had 4 treatments, 5 had 5 treatments, and 1 had 6 treatments. The ultimate results of all the cases was that the single ear cases 43 (77%) ceased discharging, and that of the 8 double ear cases the discharge ceased in both ears in 6 cases and in one ear in one case, whilst in one case both ears continued to discharge. A further inquiry was made in March, 1933, with the result that out of 59 cases, about whom information was available, 42 (71%) had remained dry for periods varying from 18 to 2 months after the treatment, and that 17 had continued to have discharge from the ear.

These results may be considered very satisfactory. The cases that failed to respond were mostly very chronic cases, some of whom had suffered from the trouble for years. Still better results should be obtained when we are able to apply the treatment to many more in the earlier stages.

OPHTHALMIC CLINIC.

By Dr. Frank Allardice.

During 1932, 959 attendances were registered at the Ophthalmic Clinic. Of the total number, 537 were new cases, and 422 were re-examinations.

Analysis of Eye Refractions and Defects (1,074 eyes).

1. Emmetropia	..	..	..	..	..	37 eyes.
2. Hypermetropia	..	..	..	..	..	200 ,,
3. Myopia	..	..	..	..	..	47 ,,
4. Simple Hypermetropic Astigmatism	..	..	..	..	..	17 ,,
5. Compound Hypermetropic Astigmatism	..	..	..	..	..	578 ,,
6. Simple Myopic Astigmatism	..	..	..	..	..	7 ,,
7. Compound Myopic Astigmatism	..	..	..	..	..	133 ,,
8. Mixed Astigmatism	..	..	..	..	..	53 ,,
9. Defects other than Refractive Error	..	..	..	..	..	2 ,,
					<hr/>	
Total	..	..	..	..	..	1074 ,,

Strabismus (Classified as a separate defect) $\left\{ \begin{array}{l} 175 \text{ eyes.} \\ 165 \text{ cases.} \end{array} \right.$

(10 cases of Strabismus were of the alternating type).

The number of prescriptions issued was 483.

Thirty-five cases of Defective Vision failed to attend for examination.

One hundred and thirteen cases of Defective Vision remained to be dealt with at the end of the year.

The total attendances (959) at the Ophthalmic Clinic during 1932 showed an increase of 196, compared with the number (763) for 1931. The increase in the number of new cases was 46, the respective numbers for 1931 and 1932 being 491 and 537. Re-examinations constituted 44% of the total number of cases examined, as compared with 35% in 1931. This notable improvement was probably largely due to a modification in procedure with reference to those school children to whom glasses were supplied free of cost because of necessitous circumstances.

Whereas the parents used to collect the spectacles from the contracting optician, arrangements were made during the last year, whereby the spectacles were sent to the Ophthalmic Clinic and distributed from there at a time set apart for the purpose. This method of supply served a double purpose, for, besides allowing the dispensing of the ophthalmic prescriptions to be checked, it afforded a closer supervision of those children whose parents were uninterested in taking the steps necessary to provide spectacles.

It was considered unsatisfactory that 113 cases of Defective Vision should have to be held over at the end of the year. Many parents must think that there cannot be real urgency about supplying their children with spectacles when prescribed, if several months are allowed to lapse between the time of notification of the presence of defective vision and the examination of the eyesight at the Ophthalmic Clinic. It was impossible, however, to devote more sessions to sight-testing than were allocated during the past year.

There was, I think, a notable improvement in the stability of spectacle frames provided during the year. Stability cannot be over-stressed, as quite a large number of Wakefield school children require the correction of fairly high astigmatic errors, often oblique in type. Unstable spectacle frames allow of twisting, which is analogous to rotation of a cylindrical lense. Such alteration of the axis lessens visual acuity, as well as being a source of further strain on the eyes.

It was gratifying to find that most children wore their spectacles during the whole of each day. Pupils at Secondary Schools and those in the higher classes of Elementary Schools were sometimes found to be less obedient in this matter. Several of them seemed to regard the wearing of a correction as being necessary for close work only, although no such idea had been conveyed to them at the time of the examination.

Probably the most disappointing feature in the work of the Ophthalmic Clinic was the supervision of those children in whom it was hoped to improve the visual acuity of an amblyopic eye. Many such patients—unfortunately, I think—had no apparent strabismus and although most punctilious in carrying out instructions with regard to re-education for the first few months, their enthusiasm soon began to cool down, and the prescribed exercises were less and less conscientiously performed. Exercises practised at home are bound to be tedious, and the hardest resolve with regard to them must be to “Keep on keeping on.” The institution of an Amblyopia Remedial Exercises Class might

be more successful, supplying as it would, that touch of drama which keeps up the interest. In this connection there is a new instrument for hastening the re-establishment of satisfactory visual acuity ; it is the optophore, and those who have used it claim excellent results in selected cases.

The results of the treatment of the more serious chronic or recurrent external eye diseases by the earliest possible complete correction of the refractive error, coupled with general Ultra-Violet Radiation Therapy and the liberal administration of cod liver oil, continued to be satisfactory. I consider that the correction given should be as full as possible, even for very high refractive errors, paying little attention to the acuity obtained with the correction. The only consideration in this connection was the ability of the child to wear the prescribed lenses. Increasing experience makes one more and more amazed at the ability of children to wear, with comfort, what appear, at the time of prescribing, to be almost impossible lenses. The excellent binocular visual acuity in several cases of marked Anisometropia gave substantial proof of the versatility of the young eye in this respect.

The following cases are specially noted, because of the presence of conditions complicating the Refractive Error :—

(1) Disuse Amblyopia (marked)	..	..	..	7 cases.
(2) External Eye Disease (marked)	..	..	10	„
(3) Diseases and Malformations of the Retina and Choroid	..	..	..	1 „
(4) Opacities of the Cornea, Lens and Vitreous	..	13	„	
(5) Marked Anisometropia with Poor Binocular Vision	..	..	..	3 „

The more serious special cases of Defective Vision are dealt with in the next section of the Report. Cases of Strabismus have been noted at the beginning of this section.

CASES OF VISUAL DEFECT REQUIRING SPECIAL CONSIDERATION.

There were 19 new cases, compared with 26 in the previous year. Only one child was certified Educationally Blind ; she was not attending any school at the end of the year. Of the six cases of High Myopia, one had syphilitic retino-choroiditis, and was undergoing treatment for this condition. Among the “other cases” there was one of oculomotor paralysis, and one in which the general examination of the patient suggested early Freidrich’s Ataxia.

One Educationally Blind child—a boy—was admitted to a Special School for the Blind during the year. There were no discharges from Institutions for Educationally Blind Children.

Under the Blind Persons Act, 1920, 21 persons were examined at the Ophthalmic Clinic during 1932. Of the total number, 12 were certified "Blind within the meaning of the Act," and 9 were not so certified.

Category	Number of cases occurring	Number of cases suitable for Special Class	Number of cases suitable for an Institution for the Blind	Number of cases suitable for observation in an ordinary school
1. Educational Blindness	1	—	1	—
2. Marked Visual Defect	Nil			
3. High Myopia	6	6	—	—
4. Other Cases of Myopia	6	—	—	6
5. All other Cases ..	6	2	—	4
Totals ..	19	8	1	10

OBSERVATIONS ON A COMPLETE OPHTHALMIC SCHEME.

At the present time, a great deal of interest is focussed on the prevention of blindness, and it cannot be denied that Local Authority Ophthalmologists are in an almost unique position to be of material service in preserving the sight of the nation. Modern industrial conditions call for an average acuity of vision much above what was required two or three generations ago, and, although persons occupationally crippled by insufficient eyesight are cared for at the expense of the general community, the labour market does not take—and cannot take—an indulgent view of their infirmity. The logical deduction is that, so far as is possible, it is our moral duty to see to it that every child has such expert supervision of his eyesight as will increase the probability of having serviceable vision during the rest of his life, barring accidents. The cost of maintenance of vocationally blind persons is a very considerable drain on the country's finances and unfortunately the figure is a regularly increasing one, as it

must be, when mechanisation of industry becomes more and more specialised, year by year. It requires only a moment's thought to realise that with the speeding up of production there are correspondingly exacting demands on the vision of the workers and visual errors which might have caused little inconvenience under more leisurely industrial conditions, may cause such a strain on the eyes as to determine the onset of such conditions as cataract and glaucoma, two conditions very significant amongst our blind population.

Just as in all other branches of preventive medicine, the prevention of blindness must depend on the close medical supervision of all persons during the early years of life. It may not be easy, at first, to realise that while it is the ophthalmologist's immediate concern to correct refractive errors and thus increase visual acuity, his ultimate responsibility in every case is to prognose the likely end—results of his treatment. It is not easy to make one's mind up about the future of some of the cases, and the value of the conclusions reached is likely to be in direct ratio to the opportunities afforded for repeated examination.

Before entering on a discussion of what might be considered a Complete Ophthalmic Scheme in relation to children, it may be well to review the present position.

(1) Children are referred to the Ophthalmic Clinic from our Child Welfare Clinics, when there is a more or less obvious defect of vision. The commonest abnormality detected is squint, but other comparatively gross defects are also sent for examination.

(2) School Entrants, between the ages of 3 years and 5 years, who are awaiting Routine Medical Inspection, are frequently found by teachers to require attention to their eyesight. Again, strabismus accounts for the majority of cases referred.

(3) At Special School Inspections, the Medical Officer chooses cases which appear to require treatment for defective vision. In addition, the valuable co-operation of the teachers ensures that fewer cases are missed than otherwise would be. Teachers who are interested are in a very privileged position with regard to the detection of visual errors, as they have a continuous record of the child's work and are able to form valuable conclusions from noting the type of subject in which a pupil excels or is unduly retarded. For example, the naturally bright child who is poor in written arithmetic, geography and spelling, probably has defective vision and certainly should have his eyesight tested.

(4) Another source of cases for examination at the Ophthalmic Clinic is the Clinic for the Treatment of Minor Ailments. Sometimes discoveries of the defective vision have been made by a parent and reported to the doctor during examination for some other ailment. More often, the treatment of obstinate or recurring external eye disease makes an investigation of the refraction of the child's eyes desirable.

(5) Routine Medical Inspection accounts for the discovery of defective vision in a large proportion of the children examined at the Ophthalmic Clinic. Eyesight is not assessed at Routine Inspection until the child has reached the age of eight years.

(6) Re-examination of cases for whom glasses have already been prescribed at the Ophthalmic Clinic, is carried out as time permits rather than as circumstances require. On the average, the period elapsing is probably from $2\frac{1}{2}$ to 3 years, except in cases of seriously defective vision, where an effort is made to carry out re-examinations at intervals varying from about $1\frac{1}{2}$ to 2 years.

On reviewing the work done at present for children with defective vision, the first feeling is probably one of satisfaction that so much time is being devoted to this useful branch of Medical Treatment. But to those who are in intimate contact with the work, there is the much more important and lasting impression that the present scheme for supervising the visual welfare leaves many gaps, and as it stands, can never play any important part in a comprehensive scheme for the prevention of blindness. There is no doubt that there is little possibility of ultimate blindness in the majority of cases examined, but it is disconcerting, as well as being a reflection on the thoroughness of investigation, to have to certify as blind, an adolescent, in whose case complete examination of the vision under a cycloplegia, would have revealed an error of refraction causing strain and which determined the vulnerability of the eye by a disease process. As has already been said, the Local Authority Ophthalmologist is very fortunately placed to enable him to pull his weight in the team-work necessary to reduce the incidence of blindness. Under present conditions, the ideal standard of supervision of eye defects is quite impossible in Wakefield. The time for such work is necessarily limited, but that does not alter the fact that the work should be more complete. In terms of economics, the amount paid in pensions to twelve blind persons registered during the year, would provide a salary for a full-time Ophthalmologist for the whole of the public services of the City, and although during the first year or two, the major portion of the salary would be an added expenditure, it would eventually prove to be a substituted one.

The outline of a suggested Complete Ophthalmic Scheme may now be dealt with, proceeding in parallel with the requirements at different age periods.

(a) Before dealing with infants themselves, a few notes on the Ante-partum Welfare of Mothers may be useful. All mothers attending Ante-Natal Clinics should be given the opportunity of having their vision tested. Those who already wear glasses should be re-tested as a routine measure. Abnormalities of pregnancy which might be associated with refractive errors should have that possibility eliminated early in the treatment. Conditions in pregnancy which are liable to cause retinal haemorrhages, cataract and the like, should include in their treatment the close supervision of the visual apparatus by means of repeated ophthalmoscopic examination. Patients who are High Myopes, and in whom there is any suggestion of separation of the retina, require careful consideration. It might be the Ophthalmologist's duty in particular cases to advise radical treatment so as to render further pregnancies impossible. The close co-operation between the Medical Officers responsible would certainly result in lessened risk of ultimate blindness in cases of abnormal pregnancies with symptoms and signs referable to the eyesight, or in patients with pre-existing eye diseases.

(b) In young babies, the condition of ophthalmia neonatorum plays havoc with the transparency of the pupils, and every case notified should be seen by the Ophthalmologist, in the early stage, and after the acute condition has subsided. A good deal can be done to lessen corneal scarring if the scar tissue is attacked while it is still comparatively new. Babies attending Child Welfare Centres should be referred for ophthalmic examination, if :—

- (1) There is strabismus present.
- (2) There are abnormal eye movements.
- (3) The appearance of the eye is abnormal.
- (4) They are children of high myopes.
- (5) There are known cases of pulmonary tuberculosis in the family.
- (6) There is evidence of congenital syphilis.
- (7) They do not take notice of their surroundings as a normal baby should.

In Wakefield, categories (1), (2), (3) and (7) already receive fairly satisfactory attention, but the other types of children noted have to be left alone, unless some eye condition in the child demands attention. The reason why the children of High Myopes should be examined as a routine, is that this particular refractive error runs in families. Correction of it at an early age tends to limit progress of the condition, for reasons which need not be dealt with. The inclusion of children of tuberculous and syphilitic parents would do much to lessen the incidence of those serious external and internal eye diseases which invariably result in a great diminution of visual acuity. It is notorious that ulceration of the cornea, from whatever cause, usually occurs in eyes which are undergoing strain due to defective refraction. Further, the child who inherits either syphilis or a predisposition to tuberculosis is very liable to eye troubles of a serious nature, but probably he would escape serious permanent damage if his eyes had had the strain of a refractive error removed early in life.

(c) All cases of external eye disease, other than those of traumatic origin treated at the Clinic for Minor Ailments, should be supervised by the Ophthalmologist, and the refraction should be estimated in every case. The more experience one has of the relationship between refractive errors and the incidence of external eye disease, the more is one convinced that early and permanent cure of acute chronic and recurring eye troubles can be effected in the majority of instances by the prescription of suitable spectacles, combined with the treatment of associated abnormalities (*e.g.*, nutritional errors, nasal catarrh, etc.). Those cases which require special operative treatment (*e.g.*, dacryocystitis) or treatment of the underlying general disease (*e.g.*, syphilis) would, of course, be referred to a Hospital.

(d) Provision should be made for Head Teachers to include in their Weekly Returns to the Director of Education, the names and addresses of all children noted, during the month, to be in probable need of examination at the Ophthalmic Clinic. The Director of Education would then invite the parents of those children to take advantage of the treatment offered.

(e) All Entrants to Schools should be automatically subjected to a complete examination of the eyes under a cycloplegic. This is very desirable for three main reasons :—

(1) It is in young children particularly that serious growths inside the eye occur.

(2) The routine examination of refraction by means of Snellen's Types—a very unsatisfactory procedure at best—is not carried out at Medical Inspection until the child reaches the age of eight years. By that time there has been ample opportunity for the occurrence of serious external eye disease, which may have permanent devastating effects on the eyesight.

(3) The Medical Research Council have found that the young child with emmetropia (*i.e.*, normal vision in the adult) is the potential myope of adult life.

The permanent record of such a comprehensive knowledge of the refraction of the young school population would be invaluable for reference, when re-examination of the vision became necessary, for some reason, at a later date. Such a record would also serve a useful purpose in disentangling the various factors involved in pathological processes attacking the eye. At the present time, the young school-child has his teeth thoroughly examined by a Dentist and any necessary treatment carried out. There seems no valid reason why he should not have his eyes examined by an Ophthalmologist and, where necessary, errors corrected.

(f) Special Medical Examination in Schools would continue, as at present, to give the Medical Officers the opportunity of selecting children with possible refractive errors, or with strabismus or other obvious abnormality, for examination at the Ophthalmic Clinic.

(g) Routine detection of refractive errors at the ages of 8 years and 12 years would proceed as at present, with the advantage to the Medical Officer of there being a record in the Medical Inspection Card, giving the results of the complete examination of the eyes of each child as an entrant. Children of 8 years do not read Snellen's Types well and if they are rather backward mentally, it is often difficult, by this means alone, to decide whether or not there is a probable refractive error.

(h) The re-examination of all children already wearing a correction for a refractive error should be a yearly event. Those children with seriously defective vision, or who, because of some complication of the refractive error, require more frequent examination, should be seen six-monthly. In Wakefield, such perfection of routine would mean that approximately 1,200 to 1,500 cases would require examination yearly as against the present number of between 500 and 600. It should perhaps be noted that re-examination does not necessarily mean the provision

of a new correction, but it would ensure an intimate knowledge of the prognosis of individual cases, and in cases of seriously defective vision, the accurate adjustment of scholastic activities to the visual needs of the child in question.

(j) Nothing is at present done to assess the Colour Vision of School children. In these days of increasing automatic signal traffic control, colour-blindness is a serious handicap. The incidence of colour blindness is usually very much under-estimated. Quite a considerable percentage of children suffer from some degree of this disability. A special chart has recently been acquired for group testing school children for colour blindness. It may be possible to give some definite information on this form of visual defect in next year's Report. The class of child most urgently in need of having colour blindness diagnosed is the Leaver, in both Secondary and Elementary Schools, with a view to occupational guidance and in order that he or she may be aware of personal limitations in driving mechanical vehicles.

(k) The amount of school attendance lost as a result of the active treatment of external eye disease must be considerable in the aggregate. Children are not uncommonly excluded from school for fairly long periods when suffering from eye disease. Many such cases could attend a special class, where conditions were modified to suit the needs of the children, and the class might well be held in a school specially reserved for children requiring the advantages of an Open-Air School and those suffering from serious errors of refraction. Treatment of the eye disease could be carried out on the premises, under the supervision of one of the School Nurses or by a teacher specially trained for work in a School for the Blind. The population of such a class would necessarily be a moving one, recovery from the eye condition allowing the return of the child to the ordinary elementary school.

(l) Special Classes for High Myopes need only be mentioned. They are absolutely essential, and many Local Authorities have realised that this form of special educational facilities is worth while and plays an integral part in the scheme of true economy. Such classes are sometimes called "Sight Saving Classes," a title which appeals to parents. The classes may be conveniently run in an Open-Air School, the conditions under which the children would live in such surroundings being ideal for staying the progress of the eye disease as well as for maintaining the general physique.

(*m*) Special attention should be given to the eyesight of children about to enter on the Secondary Education curriculum. At the time of taking up a scholarship, every student should be submitted to refraction. This should be done, irrespective of the school about to be attended. In addition, it should be the duty of the Local Authority's Ophthalmologist to keep all scholarship students under his care, throughout the whole of their Secondary School life. In Wakefield, such a scheme would entail the supervision of the eyesight of scholarship children attending the Grammar School, Girls' High School, Technical College, and School of Arts and Crafts, in addition to those supervised at present. The reasons for such comprehensive knowledge of the eyesight of students undergoing a course of Secondary Education are at least two in number :—

(1) Much of the success of students at Secondary Schools depends on an attitude of mind towards the general environment. Any source of nervous tension, such as may be provided by certain types of eye defect, may be sufficient to determine a state of neurosis, which would not have occurred otherwise and which hinders educational progress.

(2) Secondary Education, besides opening the door to new spheres of usefulness, also does much to close the door on what may once have been quite a desirable type of occupation. In view of this, it is well that a pupil who will ultimately be refused admission to some particular form of employment should be dissuaded from pursuing an impossible course. This is not only important from the point of view of the expenditure of time, energy and money with fruitless results, but also, and in a much farther reaching and very personal sense, deflection at the outset will cause much less permanent emotional upset than if a career, all but prepared for, has to be forsaken.

(*n*) One of the most important adjuncts to a satisfactorily complete ophthalmic scheme is the service of a Consulting Ophthalmic Surgeon. He might well be the Certifying Surgeon under the Blind Persons Act, and he should have a retaining fee for his services, independent of the number of consultations required of him but in keeping with his specialised knowledge. It is often difficult to get a second opinion on eye cases under present conditions. Many parents are too poor to go by bus to neighbouring towns, and even where that difficulty does not exist, medical officers of Local Authorities feel that they are dependent on the good-fellowship of specialist practitioners when they refer cases. Ophthalmic or other specialists are under no obligation to do more than advise or treat the cases attending their clinics at General Hospitals. When they are good enough

to share their specialised knowledge with the Medical Officer who referred the case, it is an act of grace. In this respect, I should like to record my indebtedness to the late Mr. Harry Lee, F.R.C.S., of Leeds, who, apart from giving expert advice and treatment to cases themselves, went out of his way to be helpful to me by giving me full details of his findings.

(o) The care of the eyesight of young people should not cease to be the concern of the Local Education Authority at the age of 14 years, or on leaving school, as at present. The scheme should be extended to include all those up to 16 years, the age when the persons concerned come under the provisions of the National Health Insurance, if not continuing at school. The Juvenile Employment Bureau is in an excellent position to lend material help in making such an extension of the present scheme an unqualified success. In the same way, all students attending Evening Classes under the control of the Local Education Authority, should be entitled and indeed encouraged to take advantage of the facilities provided for the care of their vision at the Ophthalmic Clinic. The Ophthalmologist should visit evening classes from time to time, especially those classes where the type of work requires close application, and thus satisfy himself that no condition, either in the building (lighting, etc.), or in the student himself (*e.g.*, High Myopia) is present, which will militate against the best results being obtained from the form of instruction provided.

(p) From the time of coming under the care of the Ophthalmologist until attaining the age of 16 years or leaving a Secondary School after that age, every scholar in whom correction of refractive error has been necessary, should have his Medical Record Card specially marked, so that he may be seen by the School Medical Officers at sufficiently short intervals to ensure the keeping of spectacles in a satisfactory state of repair.

F. ALLARDICE.

ORTHOPAEDIC AND ULTRA-VIOLET RAY CLINICS.

By Dr. Jessie Eeles.

These Clinics are held at the Principal Child Welfare Centre. The Orthopaedic Clinic is part of the School Medical Service, but it also provides treatment for Child Welfare and for Tuberculous cases. The Ultra-Violet Ray Clinic belongs to the Mental and Child Welfare Committee, but it also provides treatment for school children and for tuberculous cases.

ORTHOPAEDIC CLINIC.

During 1932, the work of the Orthopaedic Clinic continued on the same lines as before. Dr. Crockatt attended once a month to see cases requiring his advice, and the Clinic was open daily for treatment. New cases are dealt with on Saturday mornings at 10 o'clock.

During the year, 133 patients attended the Clinic. Of these 62 were new cases, and 71 were carried over from 1931. Of these, 77 remained on the register at the end of 1932, 20 ceased attending and 36 were discharged. The total attendances numbered 1,042.

The following Table is an analysis of the Wakefield cases treated in hospitals during 1932 :—

	Cases remaining in Hospital at the end of 1931	Admitted during 1932	Discharged during 1932	In Hospital at the end of 1932
Education ..	1	7	7	1
Health	7	4	3	8
Mental and Child Welfare ..	1	3	2	2
Total ..	9	14	12	11

There was one Education case on the waiting list at the end of 1932.

The following Table is a summary of the year's work of the Orthopaedic Clinic :—

DEFECT	New Cases					Old Cases					Seen by Orthopaedic Officer	Total Attendances	Treatment Recommended								Discharged			Ceased Attending	Remaining on Register
	New Cases					Old Cases							Treatment Recommended								Discharged				
	Total	Education	Health	Mental and Child Welfare	West Riding Cases	Total	Education	Health	Mental and Child Welfare	West Riding Cases			Observation	Orthopaedic Clinic	Ultra-Violet Ray Clinic	No Treatment	Hospital	Surgical Appliances	X-Ray	Plaster	Cured	Improved	No Change		
Rickets	4	3	—	—	1	10	7	—	3	—	13	33	9	—	4	1	—	1	—	1	1	1	2	9	
Bone and Joint Tubercle ..	15	—	15	—	—	10	—	10	—	—	24	67	12	1	—	2	7	4	2	2	4*	1	1†	19	
Clubfoot	3	1	—	2	—	8	5	—	2	1	11	118	2	4	—	—	3	4	—	3	1	—	9		
Congenital Dislocation of Hip	—	—	—	—	—	3	—	—	3	—	3	26	—	1	—	—	3	1	2	—	—	—	3		
Other Congenital Deformities ..	1	1	—	—	—	2	1	—	1	—	3	18	—	—	—	2	1	—	—	—	—	2	1		
Structural Scoliosis ..	—	—	—	—	—	2	2	—	—	—	2	27	—	2	—	—	—	—	1	—	—	—	2		
Flatfoot	3	2	—	1	—	3	3	—	—	—	6	66	1	4	—	—	—	4	—	—	1	—	4		
Infantile Haemiplegia ..	1	1	—	—	—	4	3	—	1	—	5	6	4	—	—	—	—	1	—	—	1	1	11		
Anterior Poliomyelitis ..	4	3	—	—	1	9	8	—	1	—	13	44	2	—	—	—	2	10	—	—	1	—	3		
Erb's Paralysis ..	1	1	—	—	—	1	—	—	1	—	2	86	—	1	—	—	1	—	—	—	—	—	2		
Postural Defects ..	9	9	—	—	—	3	3	—	—	—	—	306	—	12	—	—	—	—	—	—	4	—	5		
Mouth Breather ..	24	23	—	1	—	—	—	—	—	—	—	182	—	24	—	—	—	—	—	5	4	—	3		
Various	6	3	—	3	—	7	6	—	1	—	13	63	6	2	—	—	3	2	1	—	3	1	2	6	
Total ..	71	47	15	7	2	62	38	10	13	1	95	1042	36	51	4	5	20	27	6	5	14	15	7	20	77

* Healed.
† Died.

ARTIFICIAL SUNLIGHT CLINIC.

The treatment of selected cases by Artificial Sunlight was continued at the Principal Child Welfare Centre as in 1931. The accommodation and equipment were the same as before. New cases recommended for this form of treatment were seen on Saturdays at 10 a.m. Cases were selected from schools, from the school clinic, from the orthopaedic clinic, from child welfare centres, from the tuberculosis dispensary, and a few were sent by their private doctors. Four sessions were held weekly, two for boys and two for girls. The total number of attendances during 1932 was 5,005, and the following Table gives a resume of the cases treated :—

Defect	Total Attendances	Number of Cases							Cases ceased attending		Discharged	Remaining on Register
		Total	New			Old			After more than 10	After less than 10		
			Education	Health	Mental and Child Welfare	Education	Health	Mental and Child Welfare				
Rickets ...	1011	40	8	—	23	3	—	6	4	11	6	19
Debility (with various symptoms) ...	1686	65	26	—	14	13	—	12	15	4	21	25
Paratuberculosis	272	10	2	—	1	4	1	2	—	—	6	4
Non-Pulmonary Tuberculosis...	202	7	—	2	—	—	5	—	1	—	4	2
Cervical Adenitis (Non- Tubercular) ...	134	6	3	—	1	1	—	1	—	1*	2	3
Bronchitis ...	282	15	7	—	4	2	—	2	2	2	3	8
Ophthalmia and Blepharitis ...	427	20	12	—	2	5	1	—	2	4	5†	9
Skin Conditions (Various).	468	9	1	—	3	1	2	2	1	2	1	5
Alopecia Areata	191	7	5	—	1	1	—	—	3	1‡	1	2
Rheumatism and Chorea ...	158	6	3	—	—	3	—	—	2	—	1	3
Osteomyelitis and other Chronic Suppurative Conditions ...	94	3	—	—	1	—	1	1	1	—	1	1
Various ...	80	2	—	—	1	—	—	1	—	1	—	1
Totals ...	5005	191	67	2	51	33	10	27	31	26	51	82

* Left District.

† Cured.

‡ 1 to Clayton Hospital.

Some brief notes follow on the results of treatment in the cases of those children who completed their course of Artificial Sunlight treatment and were discharged during 1932 :—

Rickets.

7 children suffering from rickets completed their course of treatment, and were discharged in 1932. 4 were infants in the active stage, and 3 were older children suffering from deformities of the limbs. Cod liver oil was given as a routine, along with the Artificial Sunlight treatment. As in 1931, the results were very satisfactory. In the younger children, walking was expedited, teething progressed rapidly, and the children from being flabby and phlegmatic became firm and active, and any commencing deformity disappeared. In the older children, the limbs straightened more rapidly than they had previously done, and in the case of Knock-knees, though the deformity did not disappear, the joints became stable and progress of the defect was checked.

Eye Cases.

2 cases of Phlyctenular Keratitis and one of Chronic Blepharitis completed a course of treatment during the year. Correction of any visual defect was done as soon as the eyes were in a fit condition to be tested. All responded very well, and were discharged in from 4 to 8 months with no symptoms.

Chorea and Rheumatism.

One case only of Chorea was treated and was cured.

One case of recurrent “growing pains” accompanied by attacks of sore throat and glandular enlargement was also treated. She had her tonsils removed and some bad teeth extracted during the treatment. The gland disappeared, and for the last 3 to 4 months she had no symptoms. She gained 7 lbs. in weight in 15 months. How much of the improvement was due to the sunlight and how much to the treatment of the throat was difficult to estimate, but 3 months after the treatment was stopped she was seen again. She had complained frequently of pain in her limbs during these three months and had gained no weight. It may become advisable to give her a further course of the treatment.

Paratuberculosis.

5 children come into this group. They were all thin, languid and slightly anaemic. Some had coughs, some had chains of glands in the neck, and one was suspected of having enlarged hilar glands. All did well, improved in energy and in appetite, and the average gain of weight was $3\frac{3}{4}$ lbs. over an average of 9 months' treatment.

Non-Pulmonary Tuberculosis.

Only 2 cases come under this heading—one case of tubercular cervical adenitis, and the other an old tubercular ankle with a chronic sinus. The former case had to have surgical treatment as the gland became caseous three months after treatment was started. Treatment was continued after operation and the child was discharged at the end of 18 months having gained 8 pounds in weight. The neck was in a satisfactory condition. In the second case, the small sinus healed.

One becomes more and more diffident about treating a true active tubercular adenitis with artificial sunlight, except perhaps as an adjuvant to surgical treatment.

Skin Conditions.

One case of psoriasis was discharged during the year, having got steadily worse in spite of this form of treatment. On the other hand we have another case still attending, and she keeps free from lesions only so long as she has the treatment regularly.

2 cases of alopecia areata were cured.

Bronchitis.

3 cases of chronic bronchitis were treated and discharged. All were small children of 2 years of age. In each case the trouble cleared up completely, and all three gained weight substantially.

Non-Tubercular Cervical Adenitis.

One of these cases has already been dealt with under the heading "Rheumatism."

There were 6 others. Two had also a tendency to bronchitis, and one had to have his tonsils removed before the gland would disappear completely. All did well. One of the six, a child of a year and 10 months, had previously had a course of treatment for the same trouble and had relapsed rapidly when the treatment was stopped. He developed convulsions during teething and ceased to attempt to walk. His glands again enlarged. Treatment was resumed and improvement was seen immediately. He gained 5 lbs. 10 ozs. in six months, cut 4 canines without trouble, and was lively and well on discharge.

Chronic Suppurative Conditions.

2 cases come under this heading.

The first was a patient with chronic osteomyelitis of 3 years' duration before this treatment was commenced. He was treated for 19 months. He had multiple sinuses in the neck, arm, legs and chest. All were healed on discharge, fragments of bone having come from each. He gained 15 lbs. 6 ozs. in weight and grew $4\frac{1}{4}$ inches while under treatment.

The second case was a child with an abscess adherent to the jaw, which had broken down and discharged repeatedly. It was treated for three months and healed up, the induration disappeared, and the skin was quite movable over the jaw on discharge.

There is little doubt that Artificial Sunlight is very useful in clearing up chronic inflammatory conditions.

Debility.

There are 15 mixed cases under this heading. Three of them also suffered from anaemia, and, as usual, failed to take the iron prescribed. All three put on weight remarkably well, but the anaemia was not affected in the slightest. Of the remaining 12, one had to stop on account of albuminuria, 6 were improved, but not to any remarkable extent. The other five, however, one can truthfully say, did benefit quite considerable.

One of these was a child of three who was shaky on his legs, and miserable and thin after a bad attack of whooping cough. In 8 months he gained 6 lbs. 5 ozs., and was a lively, happy child.

2 others belonged to the thin, sallow, languid, but not anaemic type of rapidly growing child. Both did very well. One of them put on 5 lbs. 14 ozs. in 4 months and other 3 lbs. in the three months following. The other gained 4 lbs. in 8 months and was generally much better. The fourth case was a boy who had had an illness with cough and pain in the chest and had been labelled "pleurodynia." He was debilitated and languid, and had no appetite. After two months' treatment he had gained $5\frac{1}{2}$ lbs. and felt perfectly fit again. The last of the five cases was a child who was very nervous and continually talked in his sleep. After nine months he had gained $4\frac{1}{2}$ lbs. and the habit had completely stopped. His general health also was much better.

J. EELES.

DENTAL CLINIC AND DENTAL INSPECTION.

REPORT OF THE SCHOOL DENTIST.

By J. Noel Moxon, L.D.S.

I herewith submit my Report of the work of the School Dental Clinic for 1932.

The work may be divided into two parts : (a) the inspections which take place at the schools, and (b) the treatment which is undertaken at the Dental Clinic.

(a) The Dental Inspections.

Firstly, a check is made of all the children in the school to be dentally inspected. Each child in the school has a dental record card, all of which are filed alphabetically in the Clinic. The duplicate register of the school to be inspected is checked off with the appropriate card of the child entered in the register. Changes of address are noted on the record cards in pencil for confirmation at the school by the child himself or by the parent, if present. Where there are brothers or sisters also attending school this is noted on the card by letters B, S, BB, BS, etc. This is useful as usually when there is more than one child of the same family at school, the parent prefers to attend with them all together, whether at the school for the inspection or the clinic for treatment. In addition, the Forms A from all the schools in the City are handled by the Dental Clinic weekly and the information thereby conveyed is transferred to the dental record cards. Any further information as to particular children who are not traceable by the above is obtained either from the Head Teacher at the time of the inspection or from the School Inquiry Officers. At the inspection the teeth of each child are examined with a mirror and probe. In the case of a child with obvious caries and large cavities there is no point in making a careful and detailed examination since it is apparent at first glance that treatment is needed. In addition, by the too vigorous use of the probe or even by the cold air on the teeth from keeping the mouth open, pain may be caused.

Where the teeth are apparently sound I use the probe, the mirror alone often leaving undetected a small cavity which, if untreated, might mean an unsaveable tooth at the next inspection. I consider that the aim of the school dentist should be first to make the mouth functional as a whole and, secondly, to ensure that the mouth shall be—as far as possible—self cleansing. An aching tooth in children often does less harm than one which is merely “tender,” since the aching tooth usually gets treatment whereas the tender tooth may be retained for

years, and the child will instinctively avoid chewing on that side of the mouth where it is situated. Thus one gets the not uncommon picture of a mouth reasonably clean on one side and indescribably dirty on the other—the teeth covered over with a thick plaque of food debris, and the gums red, swollen and unhealthy on the side not being used. The functional ability of such a mouth is halved. Where there are tender teeth on both sides of the mouth, one is usually informed by the parent that the child “bolts his food” or “will not chew.” In such a mouth the functional ability is almost nil.

The response to the invitations to parents to attend the dental inspections during the year has been, on the whole, satisfactory, though extremely variable from school to school. The best attendances of parents occurred when infant schools were being inspected, as at Clarendon Street Infants with 31 parents out of 115 children to be inspected, Alverthorpe Council Infants with 59 out of 180, Manygates Infants with 65 out of 191, Lawefield Lane Infants with 63 out of 160. The poorest attendance of parents occurred in the Senior Schools, as at Manygates Senior with 10 parents out of 400 children to be inspected, Snape-thorpe Senior with 6 out of 383, Lawefield Lane Senior with 7 out of 365, whilst in the case of the Junior Schools, an average between the Senior and Infants was met with, as at Snapethorpe Junior with 49 out of 425, Sandal Junior with 53 out of 408. In all, a total of 1,329 parents attended the dental inspections during the year:

(b) Treatment.

The treatment during 1932 has been continued on the same lines as in previous years, and the detailed figures will be found elsewhere. At the same time, certain modifications introduced during the year may be mentioned. The use of cocaine solution for local anaesthetics was discontinued early in the year in favour of a cocaine-free substitute on account of the toxic nature of the former. Secondly, in the filling work a certain amount of selection of cases has been done. This step I have taken for the following reason. The routine dental inspections have revealed large numbers of children who, having had fillings inserted in previous years, require further filling work done year after year and at the same time present mouths in which it is evident that there has been not the slightest attempt at cleansing or care since the last appointment. Much of the work done in previous years has required re-doing on account of this complete neglect, whilst not a few of the filled teeth have required extraction. Further, the parent seldom fails to point out that the tooth had been already filled, as if such filling should confer an everlasting immunity to caries. In this connection it is interesting to note

as an index of the reflex towards filling that the filled tooth is always blamed for any dental pain, even though it may be on the opposite side of the mouth. The number of fillings during the year was 1,289. I have endeavoured whenever possible to include in the last appointment a thorough polishing of all fillings and the rest of the mouth also. It is an established fact that a well-polished filling outlasts an unpolished one, and in addition, the polishing tends to promote a personal appreciation of the mouth and teeth.

Toothbrushes.

Nursery classes at the following schools are now supplied with toothbrushes, and tooth drill carried out :—Belle Vue Council, Manygates Council, Sandal Council, Eastmoor Council, Cathedral Infants, Wesleyan Infants, St. Michael's Infants and Thornes Gaskells. The brushes are supplied by a wholesale firm and are of good shape, sufficiently small, and have differently coloured handles for identification purposes, and 300 were supplied to the nursery classes during 1932. A certain number of schools applied for the slightly larger toothbrushes for the older children for sale in the school, and 144 were supplied in this way. In addition, 127 were sold at the Clinic during the year.

The amount contributed by parents for services at the Clinic was £45 12s. 2d.

J. NOEL MOXON.

9.—OPEN-AIR EDUCATION.

No further progress has been made with regard to the provision of an Open-Air School, but the need for such a school remains as great as ever.

In June, the Social Service Council, in conjunction with the Education Committee, sent 120 children (60 boys and 60 girls) to a sea-side School Camp at Mappleton for a week. The children were selected by the Teachers and School Nurses, and were passed by the Medical Officer as suitable. The children were accompanied by Teachers and a School Nurse, and no doubt all benefited by the short sojourn by the sea.

Through the initiative of the Head Teachers, a number of individual schools arranged Camps during the Summer Vacation, and one cannot but express admiration for the self sacrifice and keen interest in the welfare of the children shewn by the teachers concerned,

10.—PHYSICAL TRAINING.

Physical training continued to receive attention in all the schools, and with regard to organised games particularly, there has been considerable development. The teachers take a very keen interest in the physical welfare of their scholars, and increased playing field facilities have also helped. At the same time, physical training will never be quite what it ought to be until an Organiser for Physical Training is appointed. The re-organisation of the schools with the new senior departments and the increased opportunities for gymnastic training makes such an appointment all the more necessary.

11.—PROVISION OF MEALS.

The scheme for supplying milk to school children was continued during 1932, on the same lines as described in last year's Report, and the following are the particulars for the year :—

(a)	The number of children taking milk during the week ending 22nd January, 1932, was ..	1,232
(b)	The number of children taking milk during the week ending 16th December, 1932, was ..	1,392
(c)	Lowest number of children fed in one week (including free and assisted cases)	701
(d)	Highest number of children fed in one week (including free and assisted cases)	1,606
	This occurred just after Health Week.	
(e)	The number of individual children who have taken milk at full cost at any time during the the year is approximately	2,300
(f)	The number of children who have been receiving milk free or at less than cost price is	206
	Free	152
	Allowed 75%	40
	Allowed 50%	11
	Allowed 25%	3
		<hr/> 206 <hr/>

It is gratifying to find a considerable increase in the number of children getting milk in the schools. The School Medical Officers and Teachers all agree as to the substantial benefit derived in the majority of cases from the consumption of milk, and many parents have also expressed the same opinion.

At the time of writing this Report the question of providing meals for necessitous children is under consideration by the Education Committee.

12.—SCHOOL BATHS.

Except for the provision of facilities for swimming at the Public Baths, which are admittedly inadequate for the needs of the general public, there are no school baths in the City.

13.—CO-OPERATION OF PARENTS.

Parents are notified of the time when their children will be examined under routine inspection and their presence is cordially invited. During 1932, 76.2 per cent. of the parents, generally the mother, responded to the invitation, as compared with 74.9 in 1931. Everything possible is done to secure the interest and co-operation of the parents, and a larger attendance is much to be desired.

14.—CO-OPERATION OF TEACHERS.

The teachers give, as they always have done, the greatest possible help and co-operation in the work of the School Medical Service. It is impossible to speak too highly of their assistance without which the work would lose much of its efficiency.

15.—CO-OPERATION OF SCHOOL INQUIRY OFFICERS.

The co-operation of the Inquiry Officers with the school work is close, active and invaluable. They send many children to the School Clinic, and they also assist in securing medical or other treatment, when other means have failed. Their help in securing the cleansing of verminous children has been particularly useful.

16.—CO-OPERATION BY VOLUNTARY BODIES.

The two Societies that afford most help in connection with School Medical Work are the Wakefield Social Service Council and the National Society for the Prevention of Cruelty to Children. The former Society, which includes an active Guild of Help, undertakes much of the care work of the Corporation, and is of great assistance in supplying food and clothing in necessitous cases of a temporary character, and also in supplying recommendations for the Hospital. Cases of apparently wilful neglect are referred to the latter Society for investigating and any necessary action, and Inspector Horner has proved a most helpful and zealous coadjutor. The Mayor's Boot Fund has also done a most useful work during 1932, and supplied 733 pairs of boots to necessitous children. I am sure that many an illness has been prevented by the timely supply of a pair of good watertight boots. The help of Mr. Way, the Probation Officer, has always been available when required.

17.—BLIND, DEAF, EPILRPTIC AND MENTALLY DEFECTIVE CHILDREN.

For the ascertainment of any children who may come within the above categories, we rely (1) on medical inspection, and (2) on the assistance of the teachers, school nurses and inquiry officers, who refer cases for medical examination. When a child is found definitely to be defective, the particulars are fully entered on one of the Board's Report Forms, which is sent to the Director of Education, along with any necessary recommendations, a brief statement is entered on a Special Card, the case is entered on a Special Register, and also put on the following up list of the School Nurses. The School Nurses have also special cards for mental defectives, and these cards, with the notes of the nurse on each visit she makes, are periodically submitted to the Medical Officer.

(a) Blind Children.

At the end of the year there were 6 children (2 boys and 4 girls) in Residential Blind Schools, and 5 partially blind attending ordinary schools. 2 boys were at no school or institution at the end of the year.

(b) Deaf and Dumb.

There were 6 deaf and dumb children (2 boys and 4 girls) in Residential Special Schools at the end of the year.

(c) Epileptic Children.

There are 16 epileptic children (8 boys and 8 girls) on the Register, 11 attending the ordinary schools and 5 not attending school.

(d) MENTAL DEFICIENCY.

By Dr. Frank Allardice.

At the end of the year there were 90 mentally defective (feeble-minded) children between the ages of 7 years and 16 years (50 boys and 40 girls) on the Register. Of these, 74 were attending ordinary schools and 16 were not attending any school.

The following Table gives the details with reference to additions to and deletions from the Register of Educationally Mentally Defective Children during 1932 ;—

On Register at end of 1931	..	..	84	—
Cases Certified during 1932	..	..	13	—
On Register at end of 1932	..	..	—	90
Deleted from Register on attaining age of 16 years	..	..	..	3
Left City (under age of 16 years)	..	..	—	—
Re-certified as Imbeciles and notified to the Local Mental Deficiency Authority			—	4
			97	97

Of the 3 who had attained the age of 16 years, 1 was placed under voluntary supervision and 2 were not placed under supervision. The number of cases notified to the Local Mental Deficiency Authority was 7 (1 girl and 6 boys), all of which were Imbeciles. Three of these were certified for the first time, and four had been previously certified as Educational Mental Defectives.

There is no local Special School for Mentally Defective Children, and there are no children in Special Residential Schools.

There were 29 children examined in respect of their educational mental condition ; 13 were classified either "Dull" or "Backward" ; 16 were certified Mentally Defective, including 3 cases (Imbeciles) referred to the Local Mental Deficiency Authority

The classification of the 16 Mentally Defective Children was :—

Idiots	Nil.
Imbeciles	{ Low Grade—1. High Grade—2.
Mentally Defective (Feeble-minded)	{ Low Grade—2. High Grade—6. Others—5.

Of the 13 educable Mental Defectives, 7 were recommended for a Residential Special School, and 6 for a Day Special School for Mentally Defective Children.

There were no instances of Epilepsy among the children certified. One case suffered from Neurosis.

1. The general physical examination of the educable cases elicited the following defects :—

(1)	Defective Vision (including Strabismus)	3 cases.
(2)	Deafness (Partial)	1 case.
(3)	Defective Speech (Articulatory)	3 cases.
(4)	Defective Speech (Stammering)	1 case.
(5)	Enlarged Tonsils	1 „
(6)	Adenoids	1 „
(7)	Mouth Breathing	1 „
(8)	Enlarged Cervical Glands	4 cases.
(9)	Chronic Bronchitis	1 case.
(10)	Hyphosis (from old Spinal Tuberculosis)	1 „
(11)	Skin Disease	1 „
(12)	Anaemia	1 „

2. Conditions of Home Surroundings :—

(1)	Good	4 cases.
(2)	Fair	3 „
(3)	Unsatisfactory	6 „

3. The following were noted in the Family Histories :—

(1)	Mental Defect	1 case.
(2)	Illegitimacy	1 „

4. Mentality of parent or other near relative accompanying child at time of examination :—

(1)	Above average	None.
(2)	Average	5
(3)	Below average	7
(4)	Definitely Mentally Defective	1

5. The conduct and personality of the children examined :—

(1)	Facile	6
(2)	Passive	7
(3)	Sullen and Morose	Nil.
(4)	Wilful	Nil.

F. ALLARDICE.

18.—NURSERY SCHOOLS.

There are no separate Nursery Schools in Wakefield, but fully equipped Nursery Classes are provided at the following Infant Schools :—Belle Vue Council, Manygates Council, Sandal Council, Eastmoor Council, Lawefield Lane Council and Thornes Gaskells. Partially equipped Nursery Classes are provided at the Cathedral, Clarendon Street, Methodist, St. Mary's, St. Michael's, Thornes Lane, Trinity, Alverthorpe, St. Andrew's and St. Austin's Infant Schools.

SECONDARY SCHOOL CHILDREN.

During the year Medical Inspection was carried out at the two Municipal Secondary Schools at Thornes House. 251 children (125 boys and 126 girls) were examined at Routine Inspection, and 392 at "Special" Inspections.

HEIGHTS OF SECONDARY SCHOOL CHILDREN.

Age Group	Boys			GIRLS		
	Average Height			Average Height		
	English System Ft. Ins.	Metric System Cent.		English System Ft. Ins.	Metric System Cent.	
10—11	4 5 $\frac{1}{4}$	135.3		—	—	
11—12	4 6 $\frac{3}{4}$	139.2		—	—	
12—13	4 8 $\frac{3}{4}$	144.2		4 9 $\frac{1}{4}$	145.5	
13—14	—	—		5 0	152.5	
14—15	—	—		5 1 $\frac{3}{4}$	157.1	
15—16	5 3	160.1		5 2 $\frac{1}{2}$	159.0	

The following are some particulars obtained at the Routine Inspections :—

WEIGHTS OF SECONDARY SCHOOL CHILDREN.

Age Group	Boys			GIRLS		
	Average Weight			Average Weight		
	English System Lbs. Ozs.	Metric System Kilos		English System Ft. Ins.	Metric System Kilos.	
10—11	67 2	30.5		—	—	
11—12	71 7	32.4		—	—	
12—13	77 9	35.3		82 3	37.4	
13—14	—	—		93 2	42.3	
14—15	—	—		101 8	46.1	
15—16	109 1	49.6		108 8	49.4	

Clothing and Footgear.

No defects as regards clothing and footgear were found.

Nutrition.

One boy (0.39 per cent.) was found with subnormal nutrition, but not severe.

Dirty Heads.

8 girls (6.3 per cent.) were found with Dirty Heads.

Nose and Throat.

8 boys and 21 girls (11.5 per cent.) had enlarged tonsils.

3 boys (1.1 per cent.) had adenoids.

4 boys and 1 girl (1.9 per cent.) had enlarged tonsils and adenoids.

18 boys and 3 girls (7.1 per cent.) had enlarged cervical glands.

Eye Diseases.

No case of eye disease was found.

Defective Vision.

Total with Defective Vision	..	45 (21 boys and 24 girls), 17.9 per cent.
-----------------------------	----	--

Number with Poor Vision	..	32 (13 boys and 9 girls), 8.7 per cent.
-------------------------	----	--

Number with Bad Vision	..	23 (8 boys and 15 girls), 9.1 per cent.
------------------------	----	--

43 children (23 boys and 20 girls) were wearing glasses, and in 28 instances the glasses were satisfactory, and in 5 instances unsatisfactory.

Ear Diseases and Hearing.

Obstructions (Wax, Atresia, etc.) were found in 5 children (3 boys and 2 girls).

1 girl had Otitis Media.

5 children (3 boys and 2 girls) had defective hearing.

Speech.

No defects of speech were noted.

Heart and Circulation.

1 boy was noted with organic heart disease.

No children were reported as anaemic.

Pulmonary Tuberculosis.

No cases were found.

Non-Pulmonary Tuberculosis.

No cases were found.

Deformities.

1 slight case of Rickets (a girl) was noted.

7 children (5 boys and 2 girls) were noted with Flat Feet.

Vaccination.

35.5 per cent. of the children were unvaccinated.

Chest Circumferences (Averages).

Expiration	—Boys	29 $\frac{1}{4}$
Do.	—Girls	29 $\frac{1}{2}$
Inspiration	—Boys	31 $\frac{1}{4}$
Do.	—Girls	31 $\frac{3}{4}$

Other Disease or Defect.

None.

Medical Examination of Scholarship Children.

128 children, who had obtained Scholarships for Secondary Schools, were specially examined in July. In the main, the standard of physical fitness corresponded closely with the mental development of the children. Most of the defects noted were of a minor character, and only 2 children were affected with major defects. It was noteworthy that in nearly all the cases, when notices re defects had previously been sent to the parents these had been duly attended to. Dental disease and dental uncleanness were the two most common defects noted.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1932.

TABLE 1.
RETURN OF MEDICAL INSPECTION.
ELEMENTARY SCHOOL CHILDREN.

A.—Routine Medical Inspection.

Number of Code Group Inspections—

Entrants	..	..	..	..	..	..	857
Intermediates	..	..	..	..	..	..	991
Leavers	..	..	..	..	..	..	755
Total							2,603

Number of other Routine Inspections 33

B.—Other Inspections.

Number of Special Inspections	5,440
Number of Re-Inspections	3,604
Total ..	9,044

ELEMENTARY SCHOOL CHILDREN.**TABLE 2.****A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1932.**

DEFECT OR DISEASE					ROUTINE INSPECTION		SPECIAL INSPECTION	
					No. of Defects		No. of Defects	
					Requir- ing treatment	Requir- ing to be kept under observa- tion but not re- quiring treatment	Requir- ing treatment	Requir- ing to be kept under observa- tion but not re- quiring treatment
1					2	3	4	5
Malnutrition					4	37	—	72
Skin	{	Ringworm—						
		Scalp			—	—	9	—
		Body			—	—	11	—
		Scabies			—	—	43	—
		Impetigo			21	—	362	—
Eye	{	Other Diseases (Non-						
		Tuberculous			14	7	126	23
		Blepharitis			12	3	59	9
		Conjunctivitis			7	—	91	—
		Keratitis			—	—	—	—
		Corneal Opacities			—	—	—	2
		Defective Vision (excluding Squint)			208	193	273	491
Ear	{	Squint			37	29	63	97
		Other Conditions			13	5	11	7
		Defective Hearing			44	31	49	27
		Otitis Media			28	6	112	8
Nose and Throat	{	Other Ear Diseases			53	4	39	6
		Enlarged Tonsils			12	298	87	179
		Adenoids			2	17	9	37
		Enlarged Tonsils and Adenoids			14	39	37	72
		Other Conditions			11	8	35	6

TABLE 2, continued.

DEFECT OR DISEASE					ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
					No. of Defects		No. of Defects	
					Requir- ing treatment	Requir- ing to be kept under observa- tion but not re- quiring treatment	Requir- ing treatment	Requir- ing to be kept under observa- tion but not re- quiring treatment
1					2	3	4	5
Enlarged Cervical Glands (Non-Tuberculous)	..	..	..	..	—	203	—	199
Defective Speech	..	..	..	..	—	18	—	23
Heart and Circulation	{	Heart Disease—						
		Organic	..	..	—	7	—	21
		Functional	..	..	—	—	—	3
		Anaemia	..	..	6	15	23	28
Lungs	{	Bronchitis	..	..	14	162	21	90
		Other Non-Tuberculous Diseases	..	..	5	53	9	41
	{	Pulmonary—						
		Definite	..	..	—	—	—	—
		Suspected	..	..	—	1	—	7
		Non-Pulmonary—						
Tuber- culosis	{	Glands	..	..	—	—	—	—
		Spine	..	..	—	—	—	—
		Hip	..	..	—	1	—	—
		Other Bones and Joints	..	..	—	—	—	—
		Skin	..	..	—	—	—	—
		Other Forms	..	..	—	—	—	—
Nervous System	{	Epilepsy	..	..	—	3	—	5
		Chorea	..	..	—	—	—	—
		Other Conditions	..	..	—	18	—	37
Deform- ities	{	Rickets	..	..	8	62	13	57
		Spinal Curvature	..	..	3	4	5	4
		Other Forms	..	..	7	6	7	9
Other Defects and Diseases	..	..	..	..	19	65	248	87

TABLE 2, continued.

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP	NUMBER OF CHILDREN		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
Code Groups—			
Entrants	857	121	14.1
Intermediates	991	190	19.1
Leavers	755	119	15.7
Total (Code Groups)	2603	430	16.5
Other Routine Inspections ..	33	9	24.2

TABLE 3.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys	Girls	Total
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling, or Heart Disease	.. .. .	3	3	6
	Suitable for training in a School for the totally Blind.	—	1	1
		—	—	—
		—	—	—
		—	—	—
Blind (including partially Blind).	At Certified Schools for the Blind	..		
	At Public Elementary Schools ..	..	
	At other Institutions ..	..	
	At no School or Institution ..	..	
	Suitable for training in a School for the partially Blind.	2	3	5
		1	2	3
		—	—	—
		2	—	2
Deaf (including Deaf and Dumb and partially Deaf).	Suitable for training in a School for the totally Deaf or Deaf and Dumb.	2	4	6
		—	—	—
		—	—	—
		—	—	—
	Suitable for training in a School for the partially Deaf.	—	—	—
		—	—	—
		—	—	—
		—	—	—

TABLE 3.—continued.

			Boys	Girls	Total
Mentally Defective.	Feeble minded.	At Certified Schools for Mentally Defective Children	—	—	—
		At Public Elementary Schools ..	44	30	74
		At other Institutions	—	—	—
		At no School or Institution ..	6	10	16
		.. .. .	6	1	7
Epileptics.	Notified to the Local Mental Deficiency Authority during the year	At Certified Schools for Epileptics	—	—	—
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	—	—	—
		At other Institutions	—	—	—
Physically Defective.	Suffering from severe Epilepsy.	At no School or Institution ..	2	1	3
	Suffering from Epilepsy which is not severe.	At Public Elementary Schools ..	5	6	11
		At no School or Institution ..	1	1	2
	Active Pulmonary Tuberculosis (including Pleura and Intra-thoracic Glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ..	—	—	—

TABLE 3.—continued.

Physically Defective.—cont.			Boys	Girls	Total
Quiescent or arrested Pulmonary Tuberculosis (including Pleura and Intrathoracic Glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open-Air Schools At Certified Day Open-Air Schools .. At Public Elementary Schools .. At other Institutions At no School or Institution ..	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	4	—	4
		At other Institutions	—	—	—
		At no School or Institution ..	4	—	4
Tuberculosis of the Peripheral Glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open-Air Schools At Certified Day Open-Air Schools .. At Public Elementary Schools .. At other Institutions At no School or Institution ..	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	5	6	11
		At other Institutions	—	—	—
		At no School or Institution ..	2	—	2
Abdominal Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open-Air Schools At Certified Day Open-Air Schools .. At Public Elementary Schools .. At other Institutions At no School or Institution ..	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	1	—	1
		At other Institutions	—	—	—
		At no School or Institution ..	—	—	—

TABLE 3.—Continued.

			Boys	Girlr	Total
Physically Defective.—cont.	Tuberculosis of Bones and Joints (not includ- ing deformities due to old Tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	6	3	9
		At Public Elementary Schools	6	4	10
		At other Institutions	—	—	—
		At no School or Institution	—	2	2
	Tuberculosis of other organs.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	2	1	3
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-Air School.		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools ..	—	—	—
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools	45	48	94
		At other Institutions	—	—	—
		At no School or Institution	4	7	11

TABLE 3.—continued.

		Boys	Girls	Total
Physically Defective.—cont.	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.			
	At Certified Hospital Schools	—	3	3
	At Certified Residential Cripple Schools ..	—	—	—
	At Certified Day Cripple Schools ..	—	—	—
	At Certified Residential Open-Air Schools	—	—	—
	At Certified Day Open-Air Schools ..	—	—	—
	At Public Elementary Schools ..	26	23	49
	At other Institutions	—	—	—
	At no School or Institution ..	5	6	11
Children with Heart Disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools	—	—	—
	At Certified Residential Cripple Schools ..	—	—	—
	At Certified Day Cripple Schools ..	—	—	—
	At Certified Residential Open-Air Schools	—	—	—
	At Certified Day Open-Air Schools ..	—	—	—
	At Public Elementary Schools ..	4	3	7
	At other Institutions	—	—	—
	At no School or Institution ..	—	—	—

ELEMENTARY SCHOOL CHILDREN.

TABLE 4.

Return of Defects treated during the Year ended 31st December, 1932.

TREATMENT TABLE.

Group 1.—Minor Ailments (excluding Uncleanliness, for which see Group V.).

DISEASE OR DEFECT	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
Skin—			
Ringworm—Scalp	9	—	9
Ringworm—Body	11	—	11
Scabies	43	—	43
Impetigo	336	28	364
Other Skin Disease	119	18	137
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	175	18	193
Minor Ear Defects	130	10	140
Miscellaneous (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.).	184	49	233
Total ..	1007	123	1130

Group 2.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

DEFECT OR DISEASE	Number of Defects dealt with			
	Under the Authority's Scheme	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint) ..	501	17	—	518
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	—	—	—	—
Total ..	501	17	—	518

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	450
(b) Otherwise	17

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	395
(b) Otherwise	17

Group 3.—Treatment of Defects of Nose and Throat.

Number of Defects				
Received Operative Treatment			Received other forms of Treatment	Total Number Treated
Under the Authority's Scheme in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
—	99	99	78	177

Group 4.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist,
aged :

Routine Age Groups	{	5	707	}	Total 7,789
		6	811		
		7	867		
		8	943		
		9	941		
		10	964		
		11	902		
		12	923		
		13	543		
		14	188		

Specials 26

Grand Total .. 7,815

(b) Found to require Treatment 5,387

(c) Actually treated 2,014

(2) Half-days { Inspection 96 } Total 488
devoted to { Treatment 392 }

(3) Attendances made by children for treatment .. 3,085

(4) Fillings { Permanent Teeth .. 1072 } Total 1,123
 { Temporary Teeth .. 51 }

(5) Extractions { Permanent Teeth .. 894 } Total 5,017
 { Temporary Teeth .. 4123 }

(6) Administrations of general anaesthetics for ex-
tractions 279

(7) Other { Permanent Teeth .. 329 } Total 524
operations { Temporary Teeth .. 195 }

Group 5.—Uncleanliness and Verminous Condition.

(1) Average number of visits per school made during
the year by the School Nurses 11

(2) Total number of examinations of children in the
schools by School Nurses 10,687

(3) Number of individual children found unclean .. 395

(4) Number of children cleansed under arrangements
made by the Local Education Authority 22

(5) Number of cases in which legal proceedings were
taken :—

(a) Under the Education Act, 1921 —

(b) Under School Attendance Byelaws, 1

SECONDARY SCHOOL CHILDREN.

Table 1.—Return of Medical Inspection.

Number of Children Examined :—

At Routine Inspection	251
At Special Inspections and Re-Examina- tions	392

SECONDARY SCHOOL CHILDREN.

TABLE 2.

Return of Defects found by Medical Inspection in the Year ended
31st December, 1932.

DISEASE OR DEFECT		ROUTINE INSPECTION		SPECIAL INSPECTION	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
1		2	3	4	5
Malnutrition		—	1	—	5
Skin	{ Ringworm—				
	Scalp	—	—	—	—
	Body	—	—	—	—
	{ Scabies	—	—	—	—
	Impetigo	—	—	—	—
Eye	Other Diseases (Non-Tuberculous)	—	—	2	1
	{ Blepharitis	—	—	—	—
	Conjunctivitis	—	—	—	—
	Keratitis	—	—	—	—
	{ Corneal Opacities..	—	—	—	—
	Defective Vision (excluding Squint)	7	35	32	138
	Squint	—	3	—	3
	Other Conditions..	—	—	—	2
Ear	{ Defective Hearing	5	—	3	2
	Otitis Media	1	—	3	—
	Other Ear Diseases	5	—	—	—
Nose and Throat	{ Enlarged Tonsils ..	—	29	1	16
	Adenoids	—	3	—	2
	{ Enlarged Tonsils and Adenoids ..	—	5	—	7
	Other Conditions..	—	15	—	12

TABLE 2, continued.

DEFECT OR DISEASE		ROUTINE INSPECTION		SPECIAL INSPECTION	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
1		2	3	4	5
Enlarged Cervical Glands (Non-Tubercular)		—	21	—	15
Defective Speech		—	—	—	—
Heart and Circulation	{ Heart Disease—				
	Organic	—	1	—	1
	Functional	—	—	—	—
	Anaemia	—	—	—	—
Lungs	{ Bronchitis	1	4	—	4
	Other Non-Tuberculous Disease ..	—	—	—	—
	Pulmonary—				
	Definite	—	—	—	—
	Suspected	—	—	—	1
	Non-Pulmonary—				
	Glands	—	—	—	—
Tuberculosis	{ Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints ..	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	—	—
Nervous System	{ Epilepsy	—	—	—	—
	Chorea	—	—	—	—
	Other Conditions ..	—	1	—	1
Deformities	{ Rickets	—	1	—	2
	Spinal Curvature ..	—	—	2	—
	Other Forms	1	7	2	3
Other Defects and Diseases ..		—	—	—	—

**Number of Individual Children found at Routine Medical
Inspection to require Treatment (excluding Uncleanliness).**

GROUP	Number of Children		Percentage of children found to require treatment
	Inspected	Found to require treatment	
Leavers	251	18	7.1

TABLE 4.

**Return of Defects treated during the Year ended 31st December,
1932.**

Group 1.—Minor Ailments (excluding Uncleanliness).

3 children with Skin Disease were treated, all under the Authority's Scheme.

12 children with Minor Eye Defects were treated under the Authority's Scheme.

Group 2.—Defective Vision (excluding Minor Eye Defects).

36 cases of refraction were dealt with under the Authority's Scheme, and 2 otherwise.

33 were supplied with prescriptions for spectacles and 26 obtained spectacles.

Group 3.—Treatment of Defects of Nose and Throat.

1 defect of Nose and Throat received treatment.

Group 4.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist,
aged :

(b)	Found to require Treatment	..	..	..	333
(c)	Actually Treated	..	..	..	114
(d)	Re-Treated during the year as the result of Periodic Examination	..	..	..	44
(2)	Half-days devoted to Inspection	..	..	..	6
(3)	Attendances made by children for Treatment	..			257
(4)	Fillings	{ Permanent Teeth	.. 166 }	Total	166
		{ Temporary Teeth	.. — }		
(5)	Extractions	{ Permanent Teeth	.. 74 }	Total	115
		{ Temporary Teeth	.. 41 }		
(6)	Administrations of General Anaesthetics for Ex- tractions	..	..	..	8
(7)	Other	{ Permanent Teeth	.. 105 }	Total	143
	Operations	{ Temporary Teeth	.. 38 }		

Group 5.—Uncleanliness and Verminous Condition.

12 girls were noted with Dirty Heads and Cleansed.

BOARD OF EDUCATION.

LOCAL EDUCATION AUTHORITY.

WAKEFIELD CITY.

Statement of the number of children notified during the year ended 31st December, 1932, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified .. 7

Analysis of the above total.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
(a) Idiots	—	—
(b) Imbeciles .. .	6	1
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
(a) Moral Defectives .. .	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	—
3. Feeble-minded children notified under Article 3 of the 1928 Regulations, <i>i.e.</i> , "Special Circumstances" cases..	—	—
4. Children who, in addition to being mentally defective, were blind or deaf	—	—
Grand Total ..	6	1

